

J. L. FAIRBANKS DIV.
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No. 9228-11

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARYREVERE
(City or town making return)COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 1

PLACE OF DEATH
1Suffolk
(County)Revere
(City or Town)

1498 North Shore Road

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth Mildred Allen (Russell)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
240 Winthrop Shore Drive Winthrop
(If U. S. War Veteran, specify WAR)(a) Residence. No. St.
(Usual place of abode) None
Length of stay: In hospital or institution None years months days.
(Specify whether) (If nonresident, give city or town and state) In this community yrs. mos. 1 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Lester Don Allen (Deceased)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years 8 Months -- Days If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: Keeping House

11 Social Security No. None

12 BIRTHPLACE (City) South Boston, (State or country) Mass.

13 NAME OF FATHER Herbert Russell

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant (Address) Mrs. Ruth Carlton (Daughter) 240 Shore Drive, Winthrop, Mass.

A TRUE COPY.

ATTEST (Registrar of city or town where death occurred)

DATE FILED January 6, 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 1, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute Cardiac Failure
Probably Coronary Sclerosis
Hypertensive Heart Disease

20 Accident, suicide, or homicide (specify).....

Date of occurrence.....19

Where did injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

Manner of Injury collapsed & died quickly

Nature of injury No

While at work?..... Was there an autopsy?.....

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Wm. J. Brickley

(Signed) Boston, Mass. Jan. 1, 1943

(Address) Winthrop, Winthrop

22 Place of Burial, Cremation or Removal January 4, (City or Town) 43

DATE OF BURIAL January 4, 19 43

23 NAME OF FUNERAL DIRECTOR C. R. Bennison

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

1 PLACE OF DEATH
 (County) Suffolk
 (City or Town) Boston
 No. 1000 Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME MAY CARNES MASON
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 500 Shirley St. St. (If U. S. War Veteran, specify WAR)
 Length of stay: In hospital or institution (Specify whether) _____ years _____ months 7 days. (If nonresident, give city or town and state) In this community _____ yrs. _____ mos. _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Married (write the word)
 5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
 (or) WIFE of _____ (Husband's name in full)
 6 Age of husband or wife if alive 47 years
 7 IF STILLBORN, enter that fact here.
 8 AGE 40 Years _____ Months _____ Days If less than 1 day Hours _____ Minutes _____
 9 Usual Occupation: Housewife
 10 Industry or Business: Own Home
 11 Social Security No. _____
 12 BIRTHPLACE (City) Boston (State or country) Mass.
 13 NAME OF FATHER Thomas Carnes
 14 BIRTHPLACE OF FATHER (City) South Weymouth (State or country) Mass.
 15 MAIDEN NAME OF MOTHER Elizabeth Carnes
 16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.
 17 Informant Wm. P. Cutler Relation, if any (Address) 500 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Cutler
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 1/4/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 2, 1943
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1942, to Jan. 2, 1943
 I last saw him alive on Dec. 1, 1942, death is said to have occurred on the date stated above, at 8 P.M.
 Immediate cause of death Acute Peritonitis
 Due to Arterio-Sclerosis
 Due to Chronic hepatitis and Secondary Cirrhosis
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____ Date of _____
 Of autopsy _____
 What test confirmed diagnosis? —
 20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Joseph H. Schwartz M. D.
 (Address) 19 Chestnut St. Date 1/2 1943
 21 Place of Burial, Cremation or Removal (City or Town) Boston
 DATE OF BURIAL 19
 22 NAME OF FUNERAL DIRECTOR John F. O'Malley
 ADDRESS _____
 Received and Filed _____ 19 _____
 A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **3**

1 PLACE OF DEATH
(County) **Essex**
(City or Town) **Andover**
No. **108 Court Rd**



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME **Anna Robertson**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **108 Court Rd** St. **Andover**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution **2** years **2** months **2** days. In this community **2** yrs. **2** mos. **2** days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **10-10**

5a If married, widowed, or divorced
HUSBAND of **John Robertson**
(Give maiden name of wife in full)
(or) WIFE of **John Robertson**
(Husband's name in full)

6 Age of husband or wife if alive **63** years

7 IF STILLBORN, enter that fact here.

8 AGE **63** Years **—** Months **—** Days | If less than 1 day
Hours **—** Minutes **—**

9 Occupation: **Bookkeeper**

10 Industry or Business: **Bookkeeping**

11 Social Security No. **—**

12 BIRTHPLACE (City) **Andover**
(State or country) **Mass.**

13 NAME OF FATHER **George Robertson**

14 BIRTHPLACE OF FATHER (City) **Andover**
(State or country) **Mass.**

15 MAIDEN NAME OF MOTHER **—**

16 BIRTHPLACE OF MOTHER (City) **—**
(State or country) **—**

17 Informant **—** (Relation, if any)
(Address) **—**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) **1/4/43**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Jan 3 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 17, 19**42**, to **Jan 3**, 19**43**

I last saw him alive on **Jan 3**, 19**43**, death is said to

have occurred on the date stated above, at **7:30 P.M.**

Immediate cause of death **Pneumonia**

Duration **17 days**

Due to **Recurrent Cancer**

Due to **Metastatic Cancer**

Other conditions **(Pneumonia)**

(Include pregnancy within 3 months of death)

Major findings: **—**

Of operations **—**

Date of **—**

Of autopsy **—**

What test confirmed diagnosis? **Clinical**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **—**

(Signed) **—** M. D.

(Address) **—** Date **1/4/43**

21 Place of Burial, Cremation or Removal (City or Town) **—**

DATE OF BURIAL **—** 19**—**

22 NAME OF FUNERAL DIRECTOR **John F. O'Keefe**

ADDRESS **—**

Received and filed **—** 19**—**

(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 4

1 PLACE OF DEATH
Suffolk
(County)
Milton
(City or Town)
No. 16 Woodside Park



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Nellie Corbett Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 16 Woodside Park St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)		
(or) WIFE of _____ (Husband's name in full)		
6 Age of husband or wife if alive _____ years		
7 IF STILLBORN, enter that fact here.		
8 AGE 75 Years — Months — Days If less than 1 day Hours — Minutes		
9 Usual Occupation: Household		
10 Industry or Business: Own Home		
11 Social Security No. _____		
12 BIRTHPLACE (City) Boston (State or country) Massachusetts		
13 NAME OF FATHER Thomas Corbett		
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)		
15 MAIDEN NAME OF MOTHER Mary Lohan		
16 BIRTHPLACE OF MOTHER (City) London (State or country) England		

17 Informant Catherine M. Corbett (Relation, if any)
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. O'Donoghue
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/5/43
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 4 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
November 1942 to January 2, 1943.
I last saw him alive on January 2, 1943, death is said to
have occurred on the date stated above, at 11:00 a.m.
Immediate cause of death _____

Duration
IMPORTANT
2 hrs -

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma adenoid - hypertrophic
Of operations: Glands. Date of February 1-1943
Of autopsy: _____
What test confirmed diagnosis? Pathological lab.

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Edward J. Driscoll M. D.
(Address) Boston Date Jan 4 1943

21 FOREST HILLS Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 7 1943

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Milton, Massachusetts

Received and filed _____ 19

(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asbestosis, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent:

Registered No.

1 PLACE OF DEATH
No. 9 Bellevue ave
(City or Town)
(County)



2 FULL NAME George F. Mahon
(If deceased is a married, widowed, or divorced woman, give also maiden name.)

(a) Residence, No. 9 Bellevue ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 7 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) ☒

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Tucker
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Filing clerk

10 Industry or Business: United Shoe

11 Social Security No.

12 BIRTHPLACE (City) Vermont
(State or country)

13 NAME OF FATHER John Mahon

14 BIRTHPLACE OF FATHER (City) Swanton VT
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth O'Riley

16 BIRTHPLACE OF MOTHER (City) Fairfield VT
(State or country)

17 Informant Mr. Mahon (Relation, if any)
(Address) 9 Bellevue ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 1/8/43
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 6 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19... to 19...

I last saw him alive on 19... death is said to
have occurred on the date stated above, at 3 a.m.

Immediate cause of death: found dead in bed. IMPORTANT

Due to: arteriosclerosis

Due to: ...

Other conditions... (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations

Physician

Date of ...

Of autopsy ...

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles F. Mahon M. D.
(Address) ... Date 1/6/43

21 Place of Burial, Cremation or other ... (City or town) ...

DATE OF BURIAL Jan 8 1943

22 NAME OF FUNERAL DIRECTOR: Birch Bros
ADDRESS: 310 Wintthrop St Wintthrop

Received and filed 19...

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

1 PLACE OF DEATH { <i>Suffolk</i> (County) <i>Winthrop</i> (City or Town) No. <i>Winthrop Community Hospital</i> St. {		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return) 6 Registered No.	
2 FULL NAME <i>Marguerite S. Murphy</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)			
(a) Residence. No. <i>87 Reservoir Ave Boston</i> St. (Usual place of abode)		(If nonresident, give city or town and state)			
length of stay: In hospital or institution years months <i>3</i> days. In this community yrs. mos. days.		(Specify whether)			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>Married</i> (write the word)			
5a If married, widowed, or divorced HUSBAND of <i>Thomas F. Murphy</i> (Give maiden name of wife in full)					
(or) WIFE of <i>Thomas F. Murphy</i> (Husband's name in full)					
6 Age of husband or wife if alive <i>48</i> years					
7 IF STILLBORN, enter that fact here.					
8 AGE <i>47</i> Years Months Days If less than 1 day Hours Minutes					
Usual Occupation: <i>Of Home</i>					
Industry or Business: <i>Housework</i>					
11 Social Security No.					
12 BIRTHPLACE (City) <i>Rosier Mass</i> (State or country)					
PARENTS	13 NAME OF FATHER <i>Ernest Maxwell</i>				
	14 BIRTHPLACE OF FATHER (City) <i>Cambridge Mass</i> (State or country)				
	15 MAIDEN NAME OF MOTHER <i>Josephine A. A'Hearn</i>				
	16 BIRTHPLACE OF MOTHER (City) <i>B. E. I.</i> (State or country)				
17 Informant <i>Thomas F. Murphy (Husband)</i> Relation, if any (Address) <i>87 Reservoir Ave Boston</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
<i>Wm D. Childress</i> (Signature of Health Officer) <i>110</i> (Official Designation) <i>Jan 1, 1943</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>Jan 7 1943</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <i>Jan 2 1943</i> , to <i>Jan 7 1943</i>					
I last saw her alive on <i>Jan 7 1943</i> death is said to have occurred on the date stated above, at <i>5:15 P.M.</i>					
Immediate cause of death <i>Septicemic hemorrhages</i> Duration <i>5 days</i>					
Due to <i>Septicemia</i> <i>OTITIS MEDIA</i> <i>1 day</i>					
Due to					
Other conditions (Include pregnancy within 3 months of death)					
Major findings: <i>Paracentesis of</i> Underline the cause to which death should be charged statistically.					
Of operations <i>can</i> Date of <i>1/5/43</i>					
Of autopsy					
What test confirmed diagnosis? <i>Salmon</i>					
20 Was disease or injury in any way related to occupation at deceased? <i>No</i>					
If so, specify <i>Fracture of hand</i>					
(Signed) <i>Frank J. Handlin</i> M. D.					
(Address) <i>Boston</i> Date <i>1/7 1943</i>					
21 <i>Holy Ghost</i> Place of Burial, Cremation or Removal. (City or Town)					
DATE OF BURIAL <i>Jan 11 1943</i>					
22 NAME OF FUNERAL DIRECTOR <i>R. D. A. Hall</i>					
ADDRESS <i>Boston</i>					
Received and filed <i>19</i>					
A TRUE COPY ATTEST: (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<p>1 PLACE OF DEATH Suffolk (County) Winthrop Mass (City or Town) No 542 Shirley St</p>		<p>2 FULL NAME Virginia D Joyce (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. 542 Shirley St (Usual place of abode) Length of stay: In hospital or Institution..... years months days. (Before death) (Specify whether) In this community 8 yrs. X mos. X days.</p>	
<p>3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED MARRIED WIDOWED or DIVORCED</p>		<p>18 DATE OF DEATH January 12 1943 (Month) (Day) (Year) 19 I HEREBY CERTIFY, That I attended deceased from September 3 1936 to January 12 1943 I last saw her alive on January 12 1943 death is said to have occurred on the date stated above, at 10:00 P. m. Immediate cause of death Cerebral Hemorrhage Due to Arteriosclerosis Due to Colitis Other conditions none (Include pregnancy within 3 months of death) Major findings: none Of operations..... Date of..... Of autopsy not done What test confirmed diagnosis clinical & lab.</p>	
<p>5a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) (or) WIFE of Lawrence B. Joyce (Husband's name in full) 6 Age of husband or wife if alive 73 years 7 IF STILLBORN, enter that fact here. 8 AGE 55 Years 11 Months 26 Days If less than 1 day Hours Minutes 9 Usual Occupation: at Home Industry or Business: Cooking House 11 Social Security No. 12 BIRTHPLACE (City) Rockland Ma (State or country)</p>		<p>20 Was disease or injury in any way related to occupation of deceased? No If so, specify..... (Signed) Jacob P. Brady M.D. (Address) 562 Shirley St Date Jan 13 1943 21 Place of Burial, Cremation or Removal Winthrop Mass DATE OF BURIAL January 13 1943 22 NAME OF FUNERAL DIRECTOR C. R. Benson ADDRESS Winthrop Mass Received and filed.....19..... (Registrar)</p>	
<p>13 NAME OF FATHER James B. Thompson 14 BIRTHPLACE OF FATHER (City) unable to obtain (State or country) 15 MAIDEN NAME OF MOTHER Jessie A. Philbrook 16 BIRTHPLACE OF MOTHER (City) unable to obtain (State or country)</p>		<p>17 Informant Lawrence E. Joyce (Relation, if any) husband (Address) 542 Shirley St I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Will D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 1/13/43</p>	

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or Its Agents

Registered No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(If nonresident, give city or town and State)

Duration

Important

Important

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
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RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventecn. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-11-4667

<p>1 PLACE OF DEATH</p> <p><i>Suffolk</i> (County)</p> <p><i>Winthrop</i> (City or Town)</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p>		<p>To be filed for burial permit</p> <p>with Board of Health</p> <p>or its Agent.</p>	
		<p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>Registered No. 8</p>	
<p>No. <i>38 Jefferson St.</i></p>		<p>St. (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>PHYSICIAN - IMPORTANT</p> <p>(Was deceased a U. S. War Veteran, If so specify WAR)</p>	
<p>2 FULL NAME <i>Mary Wade</i></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(a) Residence, No. <i>53 Decatur St.</i></p> <p>(Usual place of abode)</p>		<p>(If nonresident, give city or town and State)</p>	
<p>Length of stay: In hospital or Institution..... years</p> <p>(Before death) (Specify whether)</p>		<p>months</p>		<p>days</p>	
<p>Length of stay: In this community <i>50</i> yrs. mos. days.</p>					
<p>PERSONAL AND STATISTICAL PARTICULARS</p>					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)			
<i>Female</i>	<i>White</i>	<i>Widowed</i>			
<p>5a If married, widowed, or divorced</p> <p>HUSBAND of <i>Michael Wade</i> (Give maiden name of wife in full)</p> <p>(or) WIFE of <i>Michael Wade</i> (Husband's name in full)</p>					
6 Age of husband or wife if alive years					
7 IF STILLBORN, enter that fact here.					
8 AGE <i>82</i> Years — Months — Days If less than 1 day Hours — Minutes					
9 Usual Occupation: <i>Housewife at home</i>					
10 Industry or Business: <i></i>					
11 Social Security No.					
12 BIRTHPLACE (City) <i>Boston</i> (State or country) <i>Mass.</i>					
PARENTS	13 NAME OF FATHER <i>Cornelius Wagle</i>				
	14 BIRTHPLACE OF FATHER (City) <i>Ireland</i> (State or country)				
	15 MAIDEN NAME OF MOTHER <i>Mary Duggan</i>				
	16 BIRTHPLACE OF MOTHER (City) <i>Ireland</i> (State or country)				
17 Informant (Address) <i>Elizabeth Sheng</i> (Signature of Agent of Board of Health or other)					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:</p> <p><i>Wm. D. Childress</i> (Signature of Agent of Board of Health or other)</p> <p><i>Death Office</i> (Official Designation) <i>1/15/43</i> (Date of Issue of Permit)</p>					
<p>MEDICAL CERTIFICATE OF DEATH</p>					
18 DATE OF DEATH <i>January 13 1943</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <i>Jan 4</i> , 1943, to <i>Jan 13</i> , 1943					
I last saw her alive on <i>Jan 13</i> , 1943, death is said to have occurred on the date stated above, at <i>5:00 P.</i> m.					
Immediate cause of death.....					
Due to <i>infection</i> <i>initial insufficiency</i> <i>1 yr.</i>					
Due to.....					
Other conditions..... (Include pregnancy within 3 months of death)					
Major findings: Of operations.....					
Date of.....					
Of autopsy.....					
What test confirmed diagnosis? <i>mal</i>					
20 Was disease or injury in any way related to occupation of deceased? <i>no</i>					
If so, specify.....					
(Signed) <i>William P. Rogers</i> M. D.					
(Address) <i>672 Broadway</i> Date <i>Jan 14</i> 1943					
21 <i>Holy Cross</i> <i>Malden</i> Place of Burial, Cremation or Removal. (City or Town)					
DATE OF BURIAL <i>January 16</i> 1943					
22 NAME OF FUNERAL DIRECTOR <i>William P. Rogers</i>					
ADDRESS <i>501 Warren St. Charlestown</i>					
Received and filed <i>JAN 18 1943</i> 19					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

BOSTON NOTED
2-9-43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

9

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Rubina Parrella

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 201 Chelsea Street
(Usual place of abode)

st. East Boston

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months 2 days. In this community 44 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED MARRIED
WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Pellegino Parrella (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: House work

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Italy
(State or country)

13 NAME OF FATHER Alfonso Di Mattia

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Giulia Galassi

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant, Pellegino Parrella (Husband)
(Address) 201 Chelsea St. East Boston.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 1/16/43
(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 14, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1943, to Jan 14, 1943
I last saw her alive on Jan 14, 1943, death is said to
have occurred on the date stated above, at 10:30 P.M.

Immediate cause of death: Uremia -
Cerebral decompensation
Due to Chronic nephritis
Chronic myocarditis
Due to arterio-sclerosis
2 heredity

Other conditions: (Include pregnancy within 3 months of death)
Marked anemia and Obesity

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Duration
IMPORTANT
3 days

3 days
6 mos
1 year

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) J. N. Apple Date 1/15/43
(Address) 88 Lincoln St. B.

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January - 18 - 1943

22 NAME OF FUNERAL DIRECTOR J. N. Apple
ADDRESS 9 Chelsea Street East Boston

Received and filed JAN 18 1943 19

(Registrar)

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If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

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SPACE FOR ADDITIONAL INFORMATION

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10M-A-1-42-B511

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 56 Beal St. St.

2 FULL NAME. Hannah O 'Connor
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 56 Beal St. St.
(Usual place of abode)
Length of stay: In hospital or institution None years months days. In this community yrs. mos. 14 days.
(Specify whether)

To be filed for burial permit with Board of Health or its Agent.
Registered No. 10
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(If U. S. War Veteran, specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Widowed
or WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of. Patrick P. O'Connor
(Give maiden name of wife in full)
(or) WIFE of. (Husband's name in full)

6 Age of husband or wife if alive. 68 years
7 IF STILLBORN, enter that fact here.
8 AGE 68 Years — Months — Days If less than 1 day Hours. Minutes

9 Usual Occupation: Variety Storekeeper
Industry Variety Store
10 or Business: none

11 Social Security No. Brooklyn N.Y.
12 BIRTHPLACE (City) (State or country)

PARENTS
13 NAME OF FATHER Philip Cleary
14 BIRTHPLACE OF FATHER (City) (State or country) St. Johns New Foundland
15 MAIDEN NAME OF MOTHER Nellie Williamson
16 BIRTHPLACE OF MOTHER (City) (State or country) St. Johns New Foundland

17 Informant Mrs. Ruth Benson (Address) 56 Beal St. Winthrop (Relation, if any) Dau.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 15 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1943, to Jan 15, 1943.
I last saw h. alive on Jan 15, 1943, death is said to have occurred on the date stated above, at 6:20 p.m.
Immediate cause of death. Myocarditis
Duration IMPORTANT 16 mos.

Due to Cardiac Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. P. O'Connell M. D.
(Address) 305 Cedar St. Date Jan 12 1943

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan. 18 1943

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS Boston

Received and filed Jan 18 1943 19
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/18/43 (Date of Issue of Permit)

Dr. Lantorella

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 38 Pleasant Park Road



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 11

2 FULL NAME Lillian Alida Wilson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 38 Pleasant Park Road
(Usual place of abode)

St. (If death occurred in a hospital or institution
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, *Yes*
if so specify WAR)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution..... years months days. In this community 42 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years 10 Months 11 Days | If less than 1 day
Hours..... Minutes

Usual
9 Occupation: At Home

10 Industry
or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER Charles Wilson

14 BIRTHPLACE OF FATHER (City) Norway
(State or country)

15 MAIDEN NAME OF MOTHER Emma C Anderson

16 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)

17 Informant Charles Wilson (Brother)
(Address) 38 Pleasant Park Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer

(Official Designation) (Date of Issue of Permit) 1/6/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 15 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1942, to January 15, 1943.

I last saw her alive on Jan. 5, 1943 death is said to
have occurred on the date stated above, at 9-30 A.M.

Immediate cause of death Chronic bronchitis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis? Stethoscope.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....
(Signed) E. L. Stummer, M. D.
(Address) 726 Cambridge St. Date Jan 15, 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 18 1943

22 NAME OF FUNERAL DIRECTOR Rowley & Arnold

ADDRESS Winthrop, Mass.

Received and filed..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . . Gen. Laws, Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

POSTON NOTIFIED
2-9-43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

12

Registered No.

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, Fort Banks, Mass.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME ROBERT REMINGTON BORDEN, Jr., Captain

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 102 Beacon Street
(Usual place of abode)

XX Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution - years - months 43 days.
(Before death) (Specify whether)

In this community 0 yrs. 0 mos. 0 days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) World War 2

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced Unknown

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive Unknown years

7 IF STILLBORN, enter that fact here. ---

8 AGE 30 Years 6 Months 9 Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Officer

Industry
10 or Business: U. S. Army

11 Social Security No. Unknown

12 BIRTHPLACE (City) Fall River,
(State or country) Massachusetts

13 NAME OF
FATHER Robert Remington Borden

14 BIRTHPLACE OF
FATHER (City) Fall River,
(State or country) Massachusetts

15 MAIDEN NAME
OF MOTHER Helen Shove

16 BIRTHPLACE OF
MOTHER (City) Fall River
(State or country) Massachusetts

17 Informant, U. S. Army (Relation, if any)
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Date of Issue of Permit) 1/16/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 16, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
December 4, 1942, to January 16, 1943.

I last saw him alive on January 16, 1943, death is said to
have occurred on the date stated above, at 8:56 a.m.

Immediate cause of death: Pneumonia, broncho,
acute, pyogenic, severe, bilateral.

Due to Etiology unknown.

Due to ---

2. Lungs abscess of acute
Other conditions right upper lobe, secondary
(Include pregnancy within 3 months of death) to 1.
3. Pleurisy with effusion, secondary

Major findings:
Of operations None

Date of ---
Of autopsy Diagnoses 1, 2 and 3.

What test confirmed diagnosis? X-Rays

20 Was disease or injury in any way related to occupation of deceased? ---
If so, specify ---

(Signed) Wm. D. Childers Major, Med. Corps, M. D.
(Address) Station Hospital, Fort Banks, Mass. Date Jan 18, 1943

21 Place of Burial, Cremation or Removal. Oak Grove, Fall River, Mass.
(City or Town)
DATE OF BURIAL Jan 19, 1943

22 NAME OF
FUNERAL DIRECTOR Herbert Garner
ADDRESS 338 Locust St. Fall River, Mass.

Resolved and filed 19

(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

N. B. - WHITE PLAIN, WITH UNFADING BLACK INK - IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-42-8855

1 PLACE OF DEATH

Supplek
(County)
Wentworth
(City or Town)

No. 5 Coral Ave

2 FULL NAME

Isla Marino

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 4 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name if in full)

(or) WIFE of

Barnes Marino
(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

66

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

Housewife

Industry

10 or Business:

at home

11 Social Security No.

none

12 BIRTHPLACE (City)

Russia

(State or country)

13 NAME OF

FATHER

Morris Bransalt

14 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

15 MAIDEN NAME

OF MOTHER

Elena Gerenthal

16 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

PARENTS

17

Informant

(Address)

Brother Kinley
5 Coral Ave, Wentworth

Relationship

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers

(Signature of Agent of Board of Health or other)

Agent

1/17/43

(Official designation)

(Date of issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent

Registered No. 13

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 4 yrs.

mos.

days

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 16 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 1938, to Jan 16, 1943

I last saw her alive on Jan 16, 1943 death is said to

have occurred on the date stated above, at 10:00 P.m.

Immediate cause of death

Cerebral Hemorrhage

Duration

Tesminal Bronchio-Pneumonia

1 day

Due to

Hypertension

1 day

Due to

Hypertensive H.D.

10 yrs.

Diabetes mellitus

10 yrs.

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

none

Physician

Of autopsy

What test confirmed diagnosis?

clinical

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Charles Liberman M. D.

(Signed)

Address 26 W. Main Way Date 1/16/43

21

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan 17 1943

22 NAME OF FUNERAL DIRECTOR

Address 39 Washington St. Duxbury

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been suggested, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114 Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

Statement of Cause of Death.—Cause of death means the disease, or complication which caused death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. *14*

No. *Winthrop Community Hospital* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Female Purcell* { (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *106* *Endicott Avenue* St. *Revere*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community _____ yrs. _____ mos. _____ days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here. *Stillborn*

8 AGE _____ Years _____ Months _____ Days If less than 1 day
Hours _____ Minutes

Usual
9 Occupation: _____

Industry
10 or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass.*

13 NAME OF FATHER *Mark Purcell*

14 BIRTHPLACE OF FATHER (City) *Revere*
(State or country) *Mass.*

15 MAIDEN NAME OF MOTHER *Anna Nielsen*

18 BIRTHPLACE OF MOTHER (City) *East Boston*
(State or country) *Mass.*

17 Informant: *Mark Purcell* (Father)
(Address) *106 Endicott Ave.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Culakoff
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *1/29/43* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan. 25, 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Jan 25, 1943* to *Jan 25, 1943*
I last saw him or her alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.

Immediate cause of death *Macnates foetus.* Duration
IMPORTANT

Due to *Chronic hepatitis in notes*

Due to *Albuminuria*

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____ Date of _____
Of autopsy _____
What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) *Joseph H. Schwartz* M. D.
(Address) *19 Church St. E.B.* Date *1/28, 1943*

21 *St. Michael's* *Boston*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *Jan 28, 1943*

22 NAME OF FUNERAL DIRECTOR *W. S. Culakoff*
ADDRESS *17 Beacon St.*

Received and filed _____ 19____
(Registrar)



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

Corrected Copy sent - 10/29/43

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Boston
No. Winthrop Community Hospital St.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)
15
Registered No.

2 FULL NAME Baker Perotti
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 115 Prospect Ave St. Beverly
(Usual place of abode)
Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Specify whether) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here. <u>Stillborn</u>		
8 AGE Years Months Days If less than 1 day <u>8</u> Hours <u>59</u> Minutes		
9 Usual Occupation:		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) (State or country) <u>Mass</u>		
13 NAME OF FATHER <u>Peter Perotti</u>		
14 BIRTHPLACE OF FATHER (City) <u>Beverly</u> (State or country) <u>Mass</u>		
15 MAIDEN NAME OF MOTHER <u>Fedela Zolla</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Beverly</u> (State or country) <u>Mass</u>		

17 Informant Peter Perotti Relation, if any father
(Address) 105 Prospect Ave Beverly
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 10/29/43
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 27 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1943, to Jan 27, 1943
I last saw him alive on Jan 27, 1943, death is said to have occurred on the date stated above, at 5:10 PM.
Immediate cause of death Premature Birth
Due to 11 mos
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
What test confirmed diagnosis?
PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Stanz M. D.
(Address) 238 Highland St Date 1/27 1943

21 St. Michael's
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 29 1943

22 NAME OF FUNERAL DIRECTOR Michael J. Zolla
ADDRESS 110 Beach St. Boston

Received and filed 19.....
A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

0. 3. WRITE REASON: WITH OTHERS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

1 { PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

16

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Christina Marie Dodson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 17 Bartlett Parkway
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years months 2 days. In this community 16 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of (Give name of husband)
(or) WIFE of (husband's name in full) Albert Dodson

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 48 7/2 Years 5 Months 4 Days | If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Revere
(State or country) Mass

13 NAME OF FATHER J Neils Miller

14 BIRTHPLACE OF FATHER (City) Denmark
(State or country)

15 MAIDEN NAME OF MOTHER Anna Nelson

16 BIRTHPLACE OF MOTHER (City) Denmark
(State or country)

17 Informant, Albert Dodson (Husband)
(Address) 17 Bartlett Parkway (Winthrop)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Health officer 2/1/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 29 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 22 1942 to January 29 1943

I last saw her alive on January 29 1943 death is said to have occurred on the date stated above, at 5:15 P.M.

Immediate cause of death Acute Myelogenous Leukemia Duration 4 mos

Due to

Due to

Other conditions Delayed Thyroid 2 glass
(Include pregnancy within 6 months of death)

Major findings: Intestinal obstruction
Of operations due to adhesion Date of July 25/1943

Of autopsy none
What test confirmed diagnosis? Chemex & lab

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Jacob O. Chas. M.D. M. D.
(Address) 362 Shurley Pk. Date Jan 31 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 1 1943

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

Suffolk
(County)

Winthrop
(City or Town)

No. **Winthrop Community Hospital**

STANDARD
CERTIFICATE OF DEATH

Registered No. **16**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Christina Marie Dodson**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **17 Bartlett Parkway** St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution **Hospital** years months **2** days. In this community **16** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Married**
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of **Albert Dodson**
(Give name of husband) (Husband's name in full)

(or) WIFE of _____

6 Age of husband or wife if alive **49** years

7 IF STILLBORN, enter that fact here.

8 AGE **46** Years **5** Months **4** Days | If less than 1 day Hours _____ Minutes _____

9 Occupation: Usual **Housewife**
Industry or Business: **Own Home**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Revere**
(State or country) **Mass**

13 NAME OF FATHER **J Neils Miller**

14 BIRTHPLACE OF FATHER (City) _____
(State or country) **Denmark**

15 MAIDEN NAME OF MOTHER **Anna Nelson**

16 BIRTHPLACE OF MOTHER (City) _____
(State or country) **Denmark**

17 Informant **Albert Dodson** Relationship **Husband**
(Address) **17 Bartlett Parkway Winthrop**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **January 29 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **November 22 1942** to **January 29, 1943**
I last saw her alive on **January 29, 1943** death is said to have occurred on the date stated above, at **5:15 P.M.**

Immediate cause of death **Acute Myelogenous Leukemia** Duration **4 mos**
IMPORTANT

Due to _____

Due to _____

Other conditions **Enlarged Thyroid** **2 years**
(Include pregnancy within 6 months of death) **IMPORTANT**

Major findings: **Intestinal obstruction due to adhesion** Physician **Howard S. Jewells**
Of operations **none** Date of **July 25/1941**
Of autopsy **none** Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? **chemo x lab**

20 Was disease or injury in any way related to occupation of deceased **no**
If so, specify _____

(Signed) **Jacob B. Grayson M.D.** M. D.
(Address) **362 North St.** Date **Jan 31 1943**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **February 1 1943**

22 NAME OF FUNERAL DIRECTOR **Howard S. Jewells**
ADDRESS **Winthrop, Mass.**

Received and filed **19**
1943
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health officer **2/1/43**
(Official Designation) (Date of Issue of permit)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114 Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housewife, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, Q. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-4-2-8855

PARENTS

17

Informant (Address)

Thomas J. Lingley (Relation, if any) (Address) 280 West End St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William L. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation)

1/31/43 (Date of Issue of Permit)

13

NAME OF FATHER

Cornelius Tynick

14

BIRTHPLACE OF FATHER (City)

Chuland

15

MAIDEN NAME OF MOTHER

Hanora Catter

16

BIRTHPLACE OF MOTHER (City)

Chuland

17

NAME OF FATHER

Cornelius Tynick

18

BIRTHPLACE OF FATHER (City)

Chuland

19

MAIDEN NAME OF MOTHER

Hanora Catter

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BIRTHPLACE OF MOTHER (City)

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NAME OF FATHER

Cornelius Tynick

102

BIRTHPLACE OF FATHER (City)

Chuland

103

MAIDEN NAME OF MOTHER

Hanora Catter

104

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Cambridge Notified
2-9-43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 18

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Station Hospital, Fort Banks, Mass.



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME HERBERT ALONZO WADSWORTH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 983 Memorial Drive
(Usual place of abode)

Sex Cambridge, Mass.
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution - years 0 months 21 days
(Before death) (Specify whether)

In this community 0 yrs. 0 mos. 0 days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, #2
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed or divorced
HUSBAND of Antoinette Norman
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive Unknown years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 1 Months 22 Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Officer

Industry
10 or Business: U. S. Army

11 Social Security No. None

12 BIRTHPLACE (City) Lewiston, Idaho
(State or country)

PARENTS

13 NAME OF
FATHER John Ribble Wadsworth

14 BIRTHPLACE OF
FATHER (City) (Unknown)
(State or country) Indiana

15 MAIÖEN NAME
OF MOTHER Mary Herbert

16 BIRTHPLACE OF
MOTHER (City) (Unknown)
(State or country) Indiana

17 Informant U. S. Army (Relation, if any)
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other
Health Officer (Date of Issue of Permit) 2/11/43

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 29, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 8, 1943, to January 29, 1943

I last saw him alive on January 29, 1943, death is said to
have occurred on the date stated above, at 6:30 a.m.

Immediate cause of death Congestive heart
failure.

Duration

IMPORTANT

10 days

Due to Mitral insufficiency and
arteriosclerosis.

Due to

Other conditions Broncho pneumonia (Fried-
(Include pregnancy within 3 months of death) lander).
Cardiac hypertrophy. Anemia, simple

IMPORTANT

Major findings:
Of operations None

Physician

Date of

Of autopsy None

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas P. Fay M. D.
(Address) Station Hospital, Fort Banks, Mass. Date 1/29/1943

21 Place of Burial, Cremation or Removal of Body
DATE OF BURIAL Feb. 2, 1943

22 NAME OF
FUNERAL DIRECTOR Mary & Mary
ADDRESS 254 Beach St. New

Received and filed 19

(Registrar)

N. B. WHITE PLAIN: WITH OUTSTANDING RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 33, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 419 A Revere St -



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 19

2 FULL NAME Anna Lorraine (SHIEL)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 419 A REVERE St.
(Usual place of abode)
Length of stay: In hospital or institution _____ years _____ months _____ days.
(Before death) (Specify whether) In this community 6 yrs. _____ mos. _____ days.
(If nonresident, give city or town and State)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Widowed or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph LORANCE (Husband's name in full)
6 Age of husband or wife if alive 76 years
7 IF STILLBORN, enter that fact here.
8 AGE 78 Years _____ Months _____ Days If less than 1 day Hours _____ Minutes
9 Occupation: Usual Domestic
10 Industry or Business: Housewife
11 Social Security No. _____
12 BIRTHPLACE (City) (State or country) New York
13 NAME OF FATHER John Shiel
14 BIRTHPLACE OF FATHER (City) (State or country) New York
15 MAIDEN NAME OF MOTHER _____
16 BIRTHPLACE OF MOTHER (City) (State or country) New York
17 Informant Joseph LORANCE (Address) 419 A Revere St - (Relationship if any) Husband

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 30 1943
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.
Immediate cause of death Acute Cardiac Death
Due to status epilepticus
Due to (In Board of Health)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____ Date of _____
Of autopsy _____
What test confirmed diagnosis? _____
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) _____ M. D. (Address) _____ Date _____ 1943
21 Cambridge Catholic Cambridge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 2-2-43 19____
22 NAME OF FUNERAL DIRECTOR Daniel J. Dineen
ADDRESS Cambridge 39
Received and filed _____ 19____

Duration IMPORTANT 1 day

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Signature of Agent of Board of Health or other Health Officer 2/2/43
(Official Designation) (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physioian or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physioians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physioians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

COPIES OF RETURNS OF DEATHS WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE TRANSMITTED ON FORM R-302 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED AS SOON AS POSSIBLE AFTER THE CLOSE OF THE MONTH IN WHICH THE DEATH OCCURRED. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-4

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 21 20

No. Boston Floating Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nancy Wells
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 843 Shirley St. St. Winthrop Mass
(Usual place of abode)

Length of stay: In hospital or institution. years months days. (Specify whether) 16 hrs
(If nonresident, give city or town and state) In this community yrs. 4 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. Years

7 IF STILLBORN, enter that fact here.

8 AGE. Years 3 Months Days If less than 1 day Hours Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Cambridge Mass

13 NAME OF FATHER Leslie Wells

14 BIRTHPLACE OF FATHER (City) (State or country) Cambridge Mass

15 MAIDEN NAME OF MOTHER Dorothy McKee

16 BIRTHPLACE OF MOTHER (City) (State or country) Everett Mass

17 Informant. (Address) Relation, if any (father)

A TRUE COPY.

ATTEST: Registrar of city or town where death occurred

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 1, 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 31/42 Jan 1/43, 19, to Jan 1/43, 19

I last saw her alive on Jan 1/43, 19, death is said to have occurred on the date stated above, at 4:10a. Duration

Immediate cause of death. Influenza meningitis 1 1/2 dys

Due to Otitis media 2-3 dys

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas H Hollis M. D.

(Address) Boston Date 1/2/43

21 PLACE OF BURIAL. CREMATION OR REMOVAL Oak Grove Cem (Cemetery) Medford (City or Town)

DATE OF BURIAL 1/4/43 19

22 NAME OF FUNERAL DIRECTOR J A Langone

ADDRESS Boston Mass

Received and filed Jan 5, 1943 19

(Registrar of City or Town where deceased resided)



773810

COPY OF
CERTIFICATE OF DEATH

Registered No. 795 **21**

1 PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)
No. Peter Bent Brigham Hospital St.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elta or Marie Magee
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 90 Atlantic St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years months 16 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of John E. Magee (give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 25 years

7 IF STILLBORN, enter that fact here.

8 AGE 22 Years 5 Months 4 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Pittsburgh Pa
(State or country)

13 NAME OF FATHER Ernest O Emmerich

14 BIRTHPLACE OF FATHER (City) Crookston Minnestoa
(State or country)

15 MAIDEN NAME OF MOTHER Florence L Evans

16 BIRTHPLACE OF MOTHER (City) Pittsburgh Pa
(State or country)

17 Informant (Address) Francis J. Fay (Relation, if any) (Husband)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 23, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/7/43, 19, to 1/23/43, 19
I last saw her alive on 1/23/43, 19, death is said to have occurred on the date stated above, at 11:00a m. Duration

Immediate cause of death Uremia
Chr. progressive nephritis

Due to
Due to

Other conditions Cardiac hypertrophy
(Include pregnancy within 3 months of death) and dilatation Ac bronchopneumonia

Major findings: Of operations
Physician Underline the cause to which death should be charged statistically.

Date of
Of autopsy

What test confirmed diagnosis?
20 Was disease or injury in any way related to deceased?

If so, specify H W Benjamin M. D.
(Signed) Boston Date 1/23/43
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL 1/26/43 19

22 NAME OF FUNERAL DIRECTOR C R Rennison
ADDRESS Winthrop, Mass

Received and filed Jan 27, 1943 19
(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4067

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed by burial permit
with Board of Health
or its Agent.

Registered No. 23

2 FULL NAME

John J. Hack
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 16 Ocean View St. Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution. years months days. In this community 65 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
Male	White	Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here.		
8 AGE 72 Years. Months. Days If less than 1 day Hours. Minutes		
9 Usual Occupation: Foreman		
10 Industry or Business: Street Dept Town of Winthrop		
11 Social Security No.		
12 BIRTHPLACE (City) Fort Worth, Texas (State or country)		
13 NAME OF FATHER John J.		
14 BIRTHPLACE OF FATHER (City) Texas (State or country)		
15 MAIDEN NAME OF MOTHER Elizabeth Hurrey		
16 BIRTHPLACE OF MOTHER (City) Texas (State or country)		
17 Informant: Town Records (Relation, if any) (Address) Winthrop		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February - 1 - 1943 (Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Acute Cardiac Failure Probably Coronary Sclerosis Pneumonia, acute
20 Accident, suicide or homicide (specify) _____ Date of occurrence. 19 Where did injury occur? _____ (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place? _____ (Specify type of place) Manner of injury Collapsed and died quickly Nature of injury _____ While at work? _____ Was there an autopsy? no
21 Was disease or injury in any way related to occupation of deceased? _____ If so, specify. _____ (Signed) Wm. J. Snickler, M.D. (Address) Boston Feb 1 - 1943
22 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Feb 8 1943 19
23 NAME OF FUNERAL DIRECTOR John J. Hurrey ADDRESS Winthrop FEB 8 1943 Received and filed. 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Snickler
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/8/43 (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear on the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

24

Registered No.....

1 PLACE OF DEATH
Suffolk (County)
Wintrop (City or Town)
No. Wintrop Community Center

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas H. Sexton
(If deceased is a married, widowed or divorced woman give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 32 Woodland St. West Roxbury Mass.

length of stay: In hospital or institution years months 14 days. In this community 2 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married
6a If married, widowed or divorced HUSBAND of B. Frances Doherty (Give maiden name of wife in full)		
(or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive 64 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 62 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation Civil Engineer		
10 Industry City of Boston		
11 Social Security No.		
12 BIRTHPLACE (City) Boston Mass (State or country)		
13 NAME OF FATHER Thomas H. Sexton		
14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)		
15 MAIDEN NAME OF MOTHER Mary Norris		
16 BIRTHPLACE OF MOTHER Woburn Mass (State or country)		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 7, 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan. 25, 1943, to Feb. 2, 1943.

I last saw him alive on Feb. 2, 1943, death is said to have occurred on the date stated above, at 4:40 a.m.

Immediate cause of death Coronary Thrombosis

Due to Arterio - Sclerosis

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Infected Gall Bladder

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration
1 Day
1 yr
1 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

17 Informant (Address) B. Frances Sexton, 32 Woodland St. West Roxbury Mass
Relation, if any Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation)

2/3/43 (Date of Issue of Permit)

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George H. Schnitz M. D.

(Address) 19 Beacon St. Boston Date 2/2/43

21 Place of Burial, Cremation or Removal (City or Town) Boston

DATE OF BURIAL Feb 5, 1943

22 NAME OF FUNERAL DIRECTOR William J. Spencer

ADDRESS 30 Boston Mass

Received and Filed Feb 13, 1943

A TRUE COPY ATTEST: (Registrar)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **68 Taft Avenue**



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
**STANDARD
 CERTIFICATE OF DEATH**

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **25**

2 FULL NAME **Rose Marion (Fearon) Jordan**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **68 Taft Avenue**
 (Usual place of abode)

St. { (if death occurred in a hospital or institution,
 give its NAME instead of street and number)

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

Length of stay: In hospital or institution ☒ years ☒ months ☒ days.
 (Before death) (Specify whether)

(If nonresident, give city or town and State)

In this community ☒ yrs. ☒ mos. ☒ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED Widowed
 or DIVORCED

5a If married, widowed, or divorced
 HUSBAND of **John Henry Jordan**
 (or) WIFE of **John Henry Jordan**
 (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **65** Years **6** Months **6** Days If less than 1 day
 Hours Minutes

Usual
 9 Occupation: **At home**

Industry
 10 or Business: **—**

11 Social Security No.

12 BIRTHPLACE (City)
 (State or country) **Ireland**

13 NAME OF FATHER **Michael Fearon**

14 BIRTHPLACE OF FATHER (City)
 (State or country) **Ireland**

15 MAIDEN NAME OF MOTHER **Mary Hagen**

16 BIRTHPLACE OF MOTHER (City)
 (State or country) **Ireland**

17 Informant **Edwin F. Jordan** (Son)
 (Address) **68 Taft Ave. Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs
 (Signature of Agent of Board of Health or other)

Health officer (Date of Issue of Permit) **2/6/43**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb. 7 1943**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 29, 1943, to Feb 4, 1943

I last saw him alive on **Feb 3, 1943**, death is said to
 have occurred on the date stated above, at **11 P. M.**

Immediate cause of death **terminal** Duration **4 days**

Due to **bowel obstruction** **6 mos.**

Due to **hypertension**

Other conditions **acute**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations: **—**

Date of **—**

Of autopsy **—**

What test confirmed diagnosis? **—**

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify **—**

(Signed) **Wm. D. Childs** M. D.
 (Address) **Winthrop** Date **2-5-1943**

21 **Holy Cross Cemetery Malden**
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL **February 8, 1943** 19

22 NAME OF FUNERAL DIRECTOR **Charles R. Bennison**
 ADDRESS **Winthrop Mass**

Received and filed **Feb 11 1943** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139, No. 8427-d

1 PLACE OF DEATH Suffolk (County) Winterton (City or Town) Winterton Community Hospital No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur F. Peers (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Walley St East Boston St. { (If nonresident, give city or town and state)

length of stay: In hospital or institution years months 1 days. In this community yrs. 4 days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Chauffeur Industry Ash Collection 10 or Business:

11 Social Security No. 030 - 03 7027

12 BIRTHPLACE (City) St. Boston (State or country) Mass

13 NAME OF FATHER William Peers

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Jane Eales

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant Charles Goodman Relation, if any Brother (Address) 22 Collier Av

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other) 3/5/43 (Date of Issue of Permit)

(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 4 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19....., death is said to have occurred on the date stated above, at m.

Immediate cause of death Pneumonia from Injury to Brain

Due to Injury to Brain

Due to Injury to Brain

Other conditions Infected 12-5-37 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis? Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. M. Hooley M. D. (Address) 100 W. 1st St. Boston Date 2/5/43

21 Place of Burial, Cremation or Removal Holy Cross (City or Town) DATE OF BURIAL Feb 1943

22 NAME OF FUNERAL DIRECTOR John J. O'Malley ADDRESS 111 107

Received and filed 3-5-43 19.....

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

RUTLAND

(City or town making return)

PLACE OF DEATH
1

WORCESTER

(County)

RUTLAND

(City or Town)

No. Rutland State Sanatorium

COPY OF
CERTIFICATE OF DEATH

Registered No. 20

27

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Arrice Joseph St. George
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 22 Charles
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or Institution Sanatorium years 3 months 19 days. In this community yrs. 3 mos. 19 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED
OR DIVORCED5a If married, widowed, or divorced 1-da Vincent
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years 9 Months 8 Days If less than 1 day
Hours Minutes

Usual Occupation: Carpenter

10 Industry or Business:

11 Social Security No. 021-07-7024

12 BIRTHPLACE (City) Worcester, Mass.
(State or country)

13 NAME OF FATHER Marcus St. George

14 BIRTHPLACE OF FATHER (City) Worcester
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Clara Laviolette

16 BIRTHPLACE OF MOTHER (City) Worcester
(State or country) Mass.17 Informant State San. Records (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: Frances P. Hanff
(Registrar of city or town where death occurred)

DATE FILED February 4, 1943 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 4, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
October 16, 1942, to February 4, 1943.
I last saw him alive on February 4, 1943, death is said to
have occurred on the date stated above, at 1:38 P.M.Immediate cause of death
Pulmonary tuberculosis 15 mos.
Tuberculosis of larynx 1 yearDue to
Due toOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations
Date of

Of autopsy

What test confirmed diagnosis? Microscopical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Heinz J. Lorge
(Signed) Rutland State San. Date 2/4 1943
(Address)21 PLACE OF BURIAL, CREMATION OR REMOVAL Notre Dame, Worcester
(City or Town)

DATE OF BURIAL February 6, 1943 19

22 NAME OF FUNERAL DIRECTOR Omer P. Lachapelle
ADDRESS 298 Grafton St., Worcester, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

Richardson

1984

1

10

1

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **Winthrop Community Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME **Anna M Rossing** { (If U. S. War Veteran, specify WAR)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. **80 Shirley Street** St. {
 (Usual place of abode)
 length of stay: In hospital or institution **Hospital** years months **24** days. In this community **25** yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Eskel Rossing (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE 77 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Housewife		
10 Industry or Business: Own home		
11 Social Security No. None		
12 BIRTHPLACE (City) (State or country) Sweeden		
PARENTS	13 NAME OF FATHER Andris Arnoldson	
	14 BIRTHPLACE OF FATHER (City) (State or country) Sweeden	
	15 MAIDEN NAME OF MOTHER Margaret	
	16 BIRTHPLACE OF MOTHER (City) (State or country) Sweeden	
17 Informant Frank Arnoldson Relation, if any (Address) 11 Marion Rd. Belmont Mass.		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs
 (Signature of Agent or Board of Health or other)
Health Officer (Official Designation)
3/10/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **February 7, 1943.**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Jan. 11, 1943, to Feb. 7, 1943**
 I last saw her alive on **Feb. 7, 1943**, death is said to have occurred on the date stated above, at **10:10 P.M.** Duration
 Immediate cause of death **Pulmonary embolism** 24 hrs.

Due to **Coronary disease** ? 5 yrs.

Due to **Chronic myocarditis & arteriosclerosis** years.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no** Of autopsy **no** What test confirmed diagnosis? **clinical**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **Richard P. Reynolds** M. D. (Address) **148 Winthrop St.** Date **38** 1943
Winthrop

21 Place of Burial, Cremation or Removal **Winthrop** (City or Town)
 DATE OF BURIAL **February 10** 1943

22 NAME OF FUNERAL DIRECTOR **Edward S. Reynolds**
 ADDRESS **Winthrop Mass.**

Received and filed **19**

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any; related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B. — WHITE PLAIN: WITH UNFADING BLACK INK — IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (D) 1-41-4667

PARENTS

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of Wife Marbox (Give maiden name of wife in full) (or) WIFE of Marbox (Husband's name in full)		
6 Age of husband or wife if alive 63 years		
7 IF STILLBORN, enter that fact here.		
8 77 Years 3 Months 29 Days If less than 1 day AGE Hours Minutes		
Usual Occupation: Merchant		
10 Industry or Business: Wool		
11 Social Security No. none		
12 BIRTHPLACE (City) Natick (State or country) Mass.		
13 NAME OF FATHER Joseph Franklin		
14 BIRTHPLACE OF FATHER (City) New Hampshire (State or country)		
15 MAIDEN NAME OF MOTHER Brown		
16 BIRTHPLACE OF MOTHER (City) Argentina (State or country)		
17 Informant Mrs. Belle Franklin (Relation, if any) (Address) 14 Orlando Ave., Wintthrop		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued: Wm. S. Culdeese (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 2/10/47 (Date of Issue of Permit)		



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **29**

1 PLACE OF DEATH
Suffolk
(County)
Wintthrop
(City or Town)
Wintthrop Hospital
No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Lewis W Franklin**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **14 Orlando Ave**
(Usual place of abode)

St. **Wintthrop**
(If nonresident, give city or town and State)

Length of stay: In hospital or institution **1** days
(Before death) (Specify whether) In this community **25** yrs. mos. days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so, specify WAR)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH Feb. 8 1943 (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from January 10 1943 to Feb 8 1943 I last saw him alive on February 8 1943 death is said to have occurred on the date stated above, at 1:15 A. m.	
Immediate cause of death Acute Coronary Thrombosis	Duration 2 1/2 hrs
Due to Angina Pectoris	15 years
Due to Hypostatic Pneumonia	24 hours
Other conditions none (Include pregnancy within 3 months of death)	IMPORTANT
Major findings: Of operations none	Physician Underline the cause to which death should be charged statistically.
Of autopsy none	
What test confirmed diagnosis? clinical & lab	
20 Was disease or injury in any way related to occupation of deceased? No If so, specify none	
(Signed) Jacob A. Chaus M. D. (Address) 362 Shirley St. Date 2/10/43	
21 Wintthrop Wintthrop Place of Burial, Cremation or Removal. (City or Town)	
DATE OF BURIAL Feb. 10, 1943 19	
22 NAME OF FUNERAL DIRECTOR Richard P. White ADDRESS 147 Wintthrop St., Wintthrop, Mass.	
Received and filed 1 19	
(Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 { PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 30

2 FULL NAME James Edward Doherty
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 82 Garfield Ave., St. Revere
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or Institution years months 1 days In this community Life mos. days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of Mary Dinneen (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive 47 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 47 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Clerk		
10 Industry or Business: Rail Road		
11 Social Security No.		
12 BIRTHPLACE (City) Revere (State or country) Mass		
13 NAME OF FATHER James Doherty		
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass		
15 MAIDEN NAME OF MOTHER Mary E. Collins		
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass		

17 Informant Mary Doherty (Wife)
(Address) 82 Garfield Ave., Revere
I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/10/43
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH February 9 1943 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from February 8, 1943, to February 8, 1943. I last saw him alive on Feb 8, 1943 death is said to have occurred on the date stated above, at 12:30 A.M. Immediate cause of death: Cerebral Hemorrhage Duration IMPORTANT 2-8-43
Due to	Due to
Other conditions (Include pregnancy within 3 months of death)	IMPORTANT Physician Underline the cause to which death should be charged statistically.
Major findings: Of operations	Date of
Of autopsy	What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Harold H. Haysgruber, M. D. (Address) 602 Beach Street, Malden, Mass. 2-9-1943	21 Holy Cross Malden Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Feb. 12, 1943 19
22 NAME OF FUNERAL DIRECTOR Michael J. Porcella ADDRESS 10 No. Bennett St., Boston	Received and filed 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medioal officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 88, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 110 Loring Road



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 31

St. { (if death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charles Edward Rowe
(if deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 110 Loring Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Louise A Austin (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 1 Months 28 Days If less than 1 day Hours Minutes

9 Occupation: Superintendent (Retired)

Industry Sand & Gravel

10 or Business: None

11 Social Security No. Richmond
12 BIRTHPLACE (City) Maine
(State or country)

PARENTS

13 NAME OF FATHER Robert Rowe

14 BIRTHPLACE OF FATHER (City) New Castle
(State or country) Maine

15 MAIDEN NAME OF MOTHER Laura B Knight

16 BIRTHPLACE OF MOTHER (City) Bowdoinham
(State or country) Maine

17 Informant, Louise Rowe (Wife, if any)
(Address) 110 Loring Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other) Health Officer
(Official Designation) (Date of issue of Permit) 3/16/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 13 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 9, 1940, to Feb 11, 1943

I last saw him alive on Feb 11, 1943, death is said to have occurred on the date stated above, at 6:30 P. m.

Immediate cause of death

Cerebral hemorrhage (3rd episode) Duration 1940

Due to Cerebral Arterio-sclerosis involving the cerebral cortex 1942

Due to Hypertensive vascular disease 1943

Other conditions: Emphysema + chronic bronchitis 1940

(Include pregnancy within 3 months of death)

Major findings: X-Ray + laboratory

Of operations: Unmarked

Of autopsy: From report at

What test confirmed diagnosis: John B. Brigham

20 Was disease or injury in any way related to occupation of deceased? If so, specify: (Signed) John T. Casper

(Address) 477 Ch. Am. Bldg. Date Feb 15, 1943

21 Winthrop 17, Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL February 17 1943

22 NAME OF FUNERAL DIRECTOR Howard Reynolds

ADDRESS Winthrop, Mass.

Received and filed 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE <i>Widowed</i>	(write the word)
5a If married, widowed, or divorced HUSBAND of <i>Katherine B. Waters</i> (Give maiden name of wife in full)		18 DATE OF DEATH <i>February 14, 1943</i> (Month) (Day) (Year)	
(or) WIFE of _____ (Husband's name in full)		19 I HEREBY CERTIFY, That I attended deceased from <i>Jan 15, 1943, to Feb 14, 1943</i>	
6 Age of husband or wife if alive _____ years		I last saw him alive on <i>Feb 14, 1943</i> , death is said to have occurred on the date stated above, at <i>11:12 p.m.</i>	
7 IF STILLBORN, enter that fact here.		Immediate cause of death <i>embolism to lung (PT.)</i>	
8 AGE <i>79</i> Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____		Due to <i>acute phlebitis</i>	
9 Usual Occupation: <i>Retired</i>		Due to <i>Chronic hypertrophy of Prostate</i>	
10 Industry or Business: _____		Other conditions _____ (Include pregnancy within 3 months of death)	
11 Social Security No. _____		Major findings: <i>Hypertrophy of Prostate</i>	
12 BIRTHPLACE (City) (State or country) <i>Halifax N.S.</i>		Of operations _____ Date of <i>Jan 26, 1943</i>	
13 NAME OF FATHER <i>James B. Barber</i>		Of autopsy _____	
14 BIRTHPLACE OF FATHER (City) (State or country) <i>Nova Scotia</i>		What test confirmed diagnosis? <i>clinical signs</i>	
15 MAIDEN NAME OF MOTHER <i>Mary A. Power</i>		20 Was disease or injury in any way related to occupation of deceased? _____	
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Nova Scotia</i>		If so, specify _____	
17 Informant (Address) <i>Mrs. Gladys Whalen, 892 Shirley St., Wintthrop</i> Relation, if any <i>daughter</i>		(Signed) <i>Samuel J. O'Brien</i> M. D. (Address) <i>Wash. Ave Wintthrop</i> Date <i>Feb 15, 1943</i>	
1 I HEREBY CERTIFY that a satisfactory standard of death was filed with me BEFORE the burial or transit permit was issued:		21 Place of Burial, Cremation or Removal <i>St. Joseph's Boston</i> DATE OF BURIAL <i>2-18-43</i>	
<i>William D. Childress</i> (Signature of Agent of Board of Health or other) <i>agent</i> (Official Designation)		22 NAME OF FUNERAL DIRECTOR <i>F. J. Crosby</i> ADDRESS <i>867 Beacon St. Boston</i>	
<i>Feb 15-43</i> (Date of Issue of Permit)		Received and filed _____ 19	
A TRUE COPY ATTEST:		(Registrar)	

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. *22*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. _____ St. _____

2 FULL NAME *Albert S. Barber*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. _____

(Usual place of abode)

Length of stay: In hospital or institution _____

(Specify whether)

years

months *09*

days

(If nonresident, give city or town and state)

In this community *40* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*4 COLOR OR RACE *White*5 SINGLE *Widowed*

(write the word)

5a If married, widowed, or divorced

HUSBAND of *Katherine B. Waters*

(Give maiden name of wife in full)

(or) WIFE of _____

(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE *79* Years _____ Months _____ Days _____

If less than 1 day

Hours _____ Minutes _____

9 Usual

Occupation: *Retired*

10 Industry

or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) (State or country)
*Halifax N.S.*13 NAME OF FATHER
*James B. Barber*14 BIRTHPLACE OF FATHER (City) (State or country)
*Nova Scotia*15 MAIDEN NAME OF MOTHER
*Mary A. Power*16 BIRTHPLACE OF MOTHER (City) (State or country)
*Nova Scotia*17 Informant (Address)
Mrs. Gladys Whalen, 892 Shirley St., Wintthrop
Relation, if any *daughter*

1 I HEREBY CERTIFY that a satisfactory standard of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)*agent*
(Official Designation)*Feb 15-43*
(Date of Issue of Permit)18 DATE OF DEATH
February 14, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
*Jan 15, 1943, to Feb 14, 1943*I last saw him alive on *Feb 14, 1943*, death is said
to have occurred on the date stated above, at *11:12 p.m.*

Immediate cause of death

*embolism to lung (PT.)*Due to *acute phlebitis*Due to *Chronic hypertrophy of Prostate*Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations *Hypertrophy of Prostate*

Of autopsy _____

What test confirmed diagnosis? *clinical signs*

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Samuel J. O'Brien* M. D.
(Address) *Wash. Ave Wintthrop* Date *Feb 15, 1943*21 Place of Burial, Cremation or Removal
*St. Joseph's Boston*DATE OF BURIAL *2-18-43*22 NAME OF FUNERAL DIRECTOR
*F. J. Crosby*ADDRESS *867 Beacon St. Boston*

Received and filed _____ 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

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200m-10-39. No. 8427-d

1 PLACE OF DEATH

No. Wentworth Community Hosp St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary E. O'Neill (If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S. War Veteran, specify WAR) no(a) Residence. No. 1607 Commonwealth St. Brigantia (If nonresident, give city or town and state)
length of stay: In hospital or institution _____ years _____ months _____ days. In this community _____ yrs. _____ mos. _____ days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED (write the word) Married
WIDOWED
OR DIVORCED5a If married, widowed, or divorced HUSBAND of John F. O'Neill (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years _____ Months _____ Days If less than 1 day Hours _____ Minutes9 Usual Occupation: at home

10 Industry or Business: _____

11 Social Security No. None12 BIRTHPLACE (City) Boston (State or country) Mass.13 NAME OF FATHER John Russell14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.15 MAIDEN NAME OF MOTHER Johanna Collins16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.17 Informant John F. O'Neill Relation, if any Husband
(Address) 1607 Comm. Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 2/17/43
Official DesignationThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

33

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) no

(If nonresident, give city or town and state)

In this community _____ yrs. _____ mos. _____ days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 15 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Oct 1 1942 to Feb 15 1943I last saw him alive on Feb 15 1943, death is said to have occurred on the date stated above, at 8:25 P.M.

Immediate cause of death _____

Acute cardiac dilatation 1943Due to Pulmonary embolism 1943Due to Myocardial infarction 1943

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Date of _____

Of autopsy autopsyWhat test confirmed diagnosis? Thrombosis20 Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Raymond S. Gurney M. D.(Address) St. Mary's - Quincy Date 2-16-1943

Place of Burial, Cremation or Removal. _____

DATE OF BURIAL Feb 18 194322 NAME OF FUNERAL DIRECTOR R. C. GurneyADDRESS BostonReceived and filed FEB 24 1943 19 _____

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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obtained as to the deceased, or as to the manner or cause of the death, (which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*)

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 31

PLACE OF DEATH

No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 25 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED18 DATE OF
DEATH

(Month)

17

(Day)

1943

(Year)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

(Give maiden name of wife in full)

(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 5, 1942, to Feb 17, 1943I last saw him alive on Feb 17, 1943, death is said tohave occurred on the date stated above, at 9:30 P.m.

Immediate cause of death

Embolism

Duration

IMPORTANT

11 hrs

Due to

Hypertensive Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? clinical

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Robert A. [Signature]14 Elm St. Boston

M. D.

Date Feb 19, 1943

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Feb 201943

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Triph Bros
210 Winthrop St

Received and filed

19

(Registrar)

PARENTS

13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)
(State or country)15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)
(State or country)

17

Informant
(Address)Mary King
17 Vine Ave

(Relation, if any)

(Daughter)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/20/43

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

35

Registered No.

PLACE OF DEATH

1

Dorchester
(County)
Winthrop
(City or Town)

No. *62 Sargent*St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME *Francis Henry Grady*
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR) *No*(a) Residence, No. *62 Sargent*
(Usual place of abode)St.
(If nonresident, give city or town and State)Length of stay: In hospital or institution *No.* years months days. In this community *16* yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Widowed*
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of *Josephine A. Walsh*
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)6 Age of husband or wife if alive *deceased* years

7 IF STILLBORN, enter that fact here.

8 AGE *56* Years Months Days | If less than 1 day
Hours Minutes9 Usual Occupation: *Canvas Broker*10 Industry or Business: *Canvas*11 Social Security No. *none*12 BIRTHPLACE (City) *East Boston*
(State or country) *Mass.*

PARENTS

13 NAME OF FATHER *Edmund J. Grady*14 BIRTHPLACE OF FATHER (City) *Burlington*
(State or country) *Vt.*15 MAIDEN NAME OF MOTHER *Margaret E. Kerr*16 BIRTHPLACE OF MOTHER (City) *Boston*
(State or country) *Mass.*17 Informant *Josephine L. Grady* (Address) *62 Sargent St., E. 113.* (Relation to Deceased) *Daughter*I HEREBY CERTIFY that satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Wm. S. Childress*
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *3/31/43* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February - 18 1943*
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July - 1 1942 to *February 18 1943*
I last saw him alive on *February 18 1943* death is said to
have occurred on the date stated above, at *10:00 P.* m.
DurationImmediate cause of death: *Chronic Interstitial Nephritis*
arterio-sclerosis *8 mos*
years (P)

Due to

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

What test confirmed diagnosis? *urinalysis*20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....(Signed) *Edward S. Frimogen* M. D.
(Address) *200 Washington St.* Date *Feb 19 1943*21 Place of Burial, Cremation or Removal. *Winthrop* (City or Town)DATE OF BURIAL *February 23 1943*22 NAME OF FUNERAL DIRECTOR *W. A. Kelly*ADDRESS *11 Meridian St., E. 113.*

Received and filed..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (J)-1-11-4067

1 PLACE OF DEATH

suffolk

(County)

Winthrop

(City or Town)

No. **45 Pleasant St.,**



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

36

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Le Vinnie Nichlos Donaghy**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **45 Pleasant St.,**
(Usual place of abode)

St.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community **3** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Married**
WIDDED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of **Chester E. Donaghy**
(Husband's name in full)

6 Age of husband or wife if alive **48** years

7 IF STILLBORN, enter that fact here.

8 AGE **51** Years **5** Months **22** Days | If less than 1 day
Hours Minutes

9 Occupation: **Housewife**

Industry **At Home**
or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Nova Scotia**

PARENTS

13 NAME OF FATHER **Ernest Nichlos**

14 BIRTHPLACE OF FATHER (City)
(State or country) **Nova Scotia**

15 MAIDEN NAME OF MOTHER **not known**

16 BIRTHPLACE OF MOTHER (City)
(State or country) **Nova Scotia**

17 Informant **Chester E. Donaghy** (Husband)
(Address) **45 Pleasant St., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Health Officer
(Signature of Agent of Board of Health or other)

7/23/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Feb. 19, 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 15, 19**43**, to **Feb 19**, 19**43**

I last saw him alive on **Feb 19**, 19**43**, death is said to

have occurred on the date stated above, at **12 Noon**

Immediate cause of death **Cerebral Hemorrhage** Duration **5 years**

Essential Hypertension

Due to **Essential Hypertension**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: **none** Physician **Underline**

Of operations

Date of

Of autopsy **none** Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? **Clinical Signs**

20 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Dr. J. H. White** M. D.

(Address) **Wentworth** Date **Feb 22 1943**

21 **Wentworth** **Marblehead**

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Feb. 23, 1943**

22 NAME OF FUNERAL DIRECTOR **Richard H. White**

ADDRESS **147 Winthrop St., Winthrop**

Received and filed **19**

(Registrar)

EXTRACTS FROM THE LAWS OF THE
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GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

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If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 235 Bowdoin Street



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 37

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME

William Peter Sterner

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 235 Bowdoin Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community 17 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced HUSBAND of Mary Ellen Keating

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 11 Months 15 Days | If less than 1 day Hours Minutes

9 Occupation: Usual Cigar Maker (Retired)

10 Industry or Business: Cigar Factory

11 Social Security No. None

12 BIRTHPLACE (City) Allentown
(State or country) Penn.

PARENTS

13 NAME OF FATHER

Frank Sterner

14 BIRTHPLACE OF FATHER (City)

Penn.

15 MAIDEN NAME OF MOTHER

Sarah Edelman

16 BIRTHPLACE OF MOTHER (City)

Penn.

17 Informant, Mary E Sterner, Wife of any
(Address) 235 Bowdoin Street Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Health Officer 2/21/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 19, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1942, to Feb. 19, 1943

I last saw him alive on Feb. 18, 1943 death is said to have occurred on the date stated above, at 10:30 p.m.

Immediate cause of death.

Metastatic Sarcoma 5 mos

Due to Sarcoma of prostate ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Sarcoma of prostate Physician

Of operations. Date of

Of autopsy. Laboratory Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: Cancer of prostate

(Signed) Charles A. Keating, M. D.
(Address) 305 Haven Street Date Feb. 29, 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal February 22, 1943
(City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Howard S. U. Keating
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 33, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

NOT to be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-T-2-42-8855

PLACE OF DEATH		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23																					
Suffolk		Winthrop		No. 25 Palmyra St		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		2 FULL NAME: Arthur J. Sennett Jr.		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 25 Palmyra		St. { (If nonresident, give city or town and State)		Length of stay: In hospital or institution (Before death) years months days		In this community 2 yrs. mos. days.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH Feb. 21 1943		19 I HEREBY CERTIFY, That I attended deceased from Jan 19 1943 to Feb. 21 1943		Last saw him alive on Feb. 19 1943		death is said to have occurred on the date stated above, at 7:15 a.m.		Duration		Immediate cause of death: Coronary infarct		Due to: Pericarditis		Due to: Myocardial infarction		Other conditions: (Include pregnancy within 3 months of death)		Major findings: Of operations: -		Of autopsy: -		What test confirmed diagnosis? -		20 Was disease or injury in any way related to occupation of deceased? -		If so, specify: -		(Signed) J. J. Mahoney M. D.		(Address) 210 Winthrop St. Date 2-21-1943		21 Winthrop Cemetery Winthrop		DATE OF BURIAL 2/24/43		22 NAME OF FUNERAL DIRECTOR: Kirby Bros		ADDRESS: 210 Winthrop St Winthrop		Received and filed: 19		(Registrar)	
Suffolk		Winthrop		No. 25 Palmyra St		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		2 FULL NAME: Arthur J. Sennett Jr.		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(a) Residence. No. 25 Palmyra		St. { (If nonresident, give city or town and State)		Length of stay: In hospital or institution (Before death) years months days		In this community 2 yrs. mos. days.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		18 DATE OF DEATH Feb. 21 1943		19 I HEREBY CERTIFY, That I attended deceased from Jan 19 1943 to Feb. 21 1943		Last saw him alive on Feb. 19 1943		death is said to have occurred on the date stated above, at 7:15 a.m.		Duration		Immediate cause of death: Coronary infarct		Due to: Pericarditis		Due to: Myocardial infarction		Other conditions: (Include pregnancy within 3 months of death)		Major findings: Of operations: -		Of autopsy: -		What test confirmed diagnosis? -		20 Was disease or injury in any way related to occupation of deceased? -		If so, specify: -		(Signed) J. J. Mahoney M. D.		(Address) 210 Winthrop St. Date 2-21-1943		21 Winthrop Cemetery Winthrop		DATE OF BURIAL 2/24/43		22 NAME OF FUNERAL DIRECTOR: Kirby Bros		ADDRESS: 210 Winthrop St Winthrop		Received and filed: 19		(Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop 76 hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 39

2 FULL NAME Baby 76-abovstok
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 850 Winthrop Ave. St. Revere
(Usual place of abode)
length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX not determined	4 COLOR OR RACE white	5 SINGLE MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here. Stillborn		
8 AGE. Years Months Days If less than 1 day 3 Hours 30 Minutes		
9 Usual Occupation: —		
10 Industry or Business: —		
11 Social Security No. —		
12 BIRTHPLACE (City) Winthrop (State or country) Mass		
13 NAME OF FATHER Anthony 76-abovstok		
14 BIRTHPLACE OF FATHER (City) Leadville (State or country) Colorado		
15 MAIDEN NAME OF MOTHER Sophie Chaute		
16 BIRTHPLACE OF MOTHER (City) Chelsea (State or country) Mass		

17 Informant 76 hospital Records (Address) Winthrop 76 hospital Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 3/1/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 23, 1943 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from 2/22/43, 19 to 2/23/43, 19. I last saw him alive on 2/22/43, 19.43, death is said to have occurred on the date stated above, at 2:20 A.M.	Duration
Immediate cause of death Lack of development of testis and genital tract, spine	Due to infarction	2 1/2 hrs
Due to prematurity	Other conditions (Include pregnancy within 3 months of death)	PHYSICIAN
Major findings: Of operations —	Date of —	Underline the cause to which death should be charged statistically.
Of autopsy —	What test confirmed diagnosis? Clinical	
20 Was disease or injury in any way related to occupation of deceased? No	If so, specify (Signed) Charles Liberman M. D. (Address) 26 W. Ave. Way, Winth. Date 2/23/1943	
21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL March 1, 1943	22 NAME OF FUNERAL DIRECTOR Richard N. White ADDRESS 147 Winthrop St. Winthrop	
Received and filed 19	A TRUE COPY ATTEST:	(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (U)-1-41-4667

1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. *Winthrop Community Hospital*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *40*

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME *Stillborn D'Amore*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *72 Pearl Ave*
(Usual place of abode)

St. *Revere Mass*
(If nonresident, give city or town and State)

Length of stay: In hospital or institution *—* years *—* months *—* days.
(Before death) (Specify whether)

In this community *—* yrs. *—* mos. *—* days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *No*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE (write the word)
MARRIED ☒ WIDOWED ☒ or DIVORCED

5a If married, widowed, or divorced ☒
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive *—* years

7 IF STILLBORN, enter that fact here. *Stillborn*

8 AGE *—* Years *—* Months *—* Days | If less than 1 day
Hours *—* Minutes

9 Occupation: *—*

10 Industry or Business: *—*

11 Social Security No. *—*

12 BIRTHPLACE (City) *Winthrop Mass.*
(State or country)

13 NAME OF FATHER *Frank D'Amore*

14 BIRTHPLACE OF FATHER (City) *Indiana*
(State or country)

15 MAIDEN NAME OF MOTHER *Margaret Mazzaro*

16 BIRTHPLACE OF MOTHER (City) *Revere Mass*
(State or country)

PARENTS

17 Informant *Frank D'Amore* (Relation, if any)
(Address) *72 Pearl Ave Revere* (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Gulderson
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *3/1/43* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb. 24, 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Stillborn 19 *—* to *—*, 19 *—*

I last saw him *—* alive on *—*, 19 *—*, death is said to
have occurred on the date stated above, at *4:48 p.m.*

Immediate cause of death *Stillborn* Duration *—*
IMPORTANT

Due to *—*

Due to *—*

Other conditions *—*
(Include pregnancy within 3 months of death)

Major findings: *—* Physician *—*
Of operations *—*

Date of *—* Underline the cause to which death should be charged statistically.

Of autopsy *—*

What test confirmed diagnosis? *—*

20 Was disease or injury in any way related to occupation of deceased? *—*
If so, specify *—*

(Signed) *Wm. D. Gulderson* M. D.
(Address) *72 Pearl Ave* Date *2/27/1943*

21 *Holy Cross Cemetery Matten Mass*
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *March 1, 1943*

22 NAME OF FUNERAL DIRECTOR *Charles J. Bruno & Son*
ADDRESS *14 Proctor Ave Revere Mass*

Received and filed *—* 19 *—*

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. Aa principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-t-2-42-8855

1 PLACE OF DEATH
Suffolk
(County)
Lynn
(City or Town)
No. Lynn Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 41

2 FULL NAME Mary J Fraser Donovan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 207 Cottage Park Road
(Usual place of abode)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution years 5 months days. In this community 25 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Mary J. Donovan
(Husband's name in full)

6 Age of husband or wife if alive 27 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Usual Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Canada
(State or country)

13 NAME OF FATHER William Fraser

14 BIRTHPLACE OF FATHER (City) Canada
(State or country)

15 MAIDEN NAME OF MOTHER Mary E. Lyle

16 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

17 Informant G. J. Donovan (Relation, if any)
(Address) 207 Cottage Park Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chilcote
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 3/2/43
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 28 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb. 28 1943 to Feb. 28 1943

I last saw him alive on Feb. 28, 1943 death is said to
have occurred on the date stated above, at 6 P. M.

Immediate cause of death Pneumonia
Lung

Due to Pneumonia
Lung

Due to Pneumonia
Lung

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? X-ray

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) G. J. Donovan M. D.
(Address) 207 Cottage Park Road Date 3-1-1943

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR John J. Haley
ADDRESS

Received and filed 19

(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same: . . . —General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this column for every person aged 10 years or over. If occupation has been given up or changed, or if illness or disease has been causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (b)-1-41-4067

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

42

Registered No.

1 PLACE OF DEATH
Essex
(County)
Danvers
(City or Town)
No. Danvers State Hospital, Hathorne, Mass.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Calvin Thomas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Cliff Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months 12 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED wid.

5a If married, widowed, or divorced HUSBAND of Mabel-----
(Give maiden name of wife in full)
(or) WIFE of -----
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Handyman

Industry
10 or Business: Yacht Club

11 Social Security No. cannot be learned

12 BIRTHPLACE (City) Belfast
(State or country) Maine

13 NAME OF
FATHER Calvin Thomas

14 BIRTHPLACE OF
FATHER (City) cannot be learned
(State or country)

15 MAIDEN NAME
OF MOTHER Nickerson

16 BIRTHPLACE OF
MOTHER (City) cannot be learned
(State or country)

17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: *[Signature]*
(Registered City or Town where death occurred)

DATE FILED Feb. 12 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 10 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture of right hip and Myocardial failure

20 Accident, suicide, or homicide (specify) accident
Date of occurrence on or about 1/29, 1943

Where did
Injury occur? Winthrop, Mass.
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? Nursing home
(Specify type of place)

Manner of Injury Fell to floor

Nature of Injury Fractured right hip

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. W. P. Murphy
(Address) Peabody Date 2/10, 1943

22 Woodlawn Cemetery, Everett, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Feb. 12 1943

23 NAME OF FUNERAL DIRECTOR Metropolitan Fun'l Serv.
ADDRESS Boston, Mass.

Received and filed Feb. 12 19 43

(Registrar of City or Town where deceased resided)

(Registrar of City or Town where deceased resided)



10020/51/11

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1570 **43**

Suffolk

(County)

Boston

(City or Town)

No. Boston Floating Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kathleen Griffin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 57 Paine St

St. Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. (Before death)

years

months

days

In this community

yrs.

mos.

days

17 hrs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 55 hrs
AGE Years

Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: None

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Boston Mass

13 NAME OF
FATHER

William K Griffin

14 BIRTHPLACE OF
FATHER (City)

(State or country) Chelsea Mass

15 MAIDEN NAME
OF MOTHER

Elizabeth Howley

16 BIRTHPLACE OF
MOTHER (City)

(State or country) Boston Mass

17

Informant
(Address)

Relation, if any

(Father)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Feb 13, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

2/12/43

19

to 2/13/43

19

I last saw her alive on 2/13/43, 19

have occurred on the date stated above, at 3:45 p.m.

Duration

Immediate cause of death

Congenital heart disease

55 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Atelectasis lt lung

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hollis

M. D.

(Address) Boston

Date 2/14/43

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross Cem

(Cemetery) Malden Mass (City or town)

DATE OF BURIAL

2/16/43

19

22 NAME OF
FUNERAL DIRECTOR

R. C. Kirby

ADDRESS

Boston Mass

Received and filed

Feb 18, 1943

19

(Registrar of City or Town where deceased resided)



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (b) 1-41-4067

1 PLACE OF DEATH
 Suffolk
 (County)
 Boston
 (City or Town)
 No. Mass General Hospital



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 COPY OF
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

Boston
 (City or town making return)
 Registered No. 1949

45

2 FULL NAME Joseph X Donovan
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 207 Cottage Park Rd St. Winthrop Mass
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or institution years months days In this community 16 yrs. mos. days.
 (Before death) (Specify whether) 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Single

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 16 Years 27 Months 27 Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Student

Industry
 10 or Business: Junior High

11 Social Security No.

12 BIRTHPLACE (City)
 (State or country) Winthrop Mass

13 NAME OF
 FATHER Cornelius J Donovan

14 BIRTHPLACE OF
 FATHER (City)
 (State or country) East Boston Mass

15 MAIDEN NAME
 OF MOTHER Mary J Fraser

16 BIRTHPLACE OF
 MOTHER (City)
 (State or country) Gysboro Nova Scotia

17 Informant (Address) (Father)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 22, 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
 Fractured base of skull
 Fractured dislocation cervical spine

20 Accident, suicide, or homicide (specify) Accidental
 Date of occurrence Feb 22/43 19

Where did
 Injury occur? Boston
 (City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? Ship
 (Specify type of place)

Manner of Injury Fell accidentally into hold of
 Nature of Injury a boat at Boston 2/22/43
 While at work? ? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? 2
 If so, specify
 (Signed) W J Brickley M. D.
 (Address) Boston Date 2/23/43

22 Winthrop Winthrop Mass
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL Feb 25, 1943 19

23 NAME OF FUNERAL DIRECTOR R C Kirby
 ADDRESS Boston Mass

Received and filed Feb 26, 1943 19

(Registrar of City or Town where deceased resided)



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 46

1 PLACE OF DEATH
County Worcester
(County)
City or Town Worcester
(City or Town)
No. 37 Temple Ave



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Arnon H. Snook
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran, no
if so specify WAR)

(a) Residence, No. 37 Temple Ave
(Usual place of abode)

St. Worcester
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 23 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED (write the word)
WIDOWED
or DIVORCED Married
5a If married, widowed, or divorced
HUSBAND of Elizabeth McQuillan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years — Months — Days | If less than 1 day
Hours — Minutes

9 Usual Occupation: Salesman

10 Industry or Business: clothing

11 Social Security No. none

12 BIRTHPLACE (City) Freshkill N.Y.
(State or country)

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) N.Y.
(State or country)

15 MAIDEN NAME OF MOTHER Antonette Young

16 BIRTHPLACE OF MOTHER (City) New York
(State or country)

17 Informant Arnon Snook (Relation, if any)
(Address) Worcester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. H. Childress
(Signature of Agent, Board of Health or other)

40 (Official Designation) mar. 3/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 2 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 10, 1942, to March 2, 1943.

I last saw him alive on March 2, 1943, death is said to
have occurred on the date stated above, at 10-P.M.

Immediate cause of death Carcinoma of Esophagus Duration 3 months
IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **IMPORTANT**

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.
Of autopsy
What test confirmed diagnosis? Palpation

20 Was disease or injury in any way related to occupation of deceased?
If so, specify Asphyxiation M. D.
(Signed) Wm. H. Childress
(Address) 210 Freshkill St. Date Mar 4, 1943

21 Freshkill New York
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 6 1943

22 NAME OF FUNERAL DIRECTOR Baby Bros
ADDRESS 210 Freshkill St. Worcester

Resolved and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defunct as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apophysis, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

100M-C-2-42-8855

When printing back of this form, a permanent record, every item of information appearing on the front of the form should be printed on the back.

100M-C-2-42-8855

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 47

1 PLACE OF DEATH
Suffolk County
Winthrop
(City or Town)
No. 40 Sunnyside Ave



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Margaret T. O'Neill
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 40 Sunnyside Ave St. (If nonresident, give city nr town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William O'Neill (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE 77 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: None		
10 Industry or Business: None		
11 Social Security No. None		
12 BIRTHPLACE (City) (State or country) Boston Mass		
13 NAME OF FATHER Michael Fitzgerald		
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland		
15 MAIDEN NAME OF MOTHER Margaret Shurley		
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland		
17 Informant (Address) Alice Byrnes 40 Sunnyside Ave (Relationship) Daughter		

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
William D. Childers
(Signature of Agent of Board of Health or other)
Health Officer 3/6/43
(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 5 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
last 1942, to March - 1943
I last saw him alive on 3/4 1943, death is said to
have occurred on the date stated above, at 4 A. m.

Immediate cause of death Chronic Myocarditis
Duration IMPORTANT 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Underline the cause to which death should be charged statistically.
Date of —
Of autopsy —
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred R. O'Brien M. D.
(Address) 6708 Atlantic Ave Date 3/6 1943

21 Place of Burial, Cremation or Removal Holy Cross Malden
DATE OF BURIAL Mar 8 1943

22 NAME OF FUNERAL DIRECTOR Charles H. Dregner
ADDRESS East Boston

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been giving up on account of the disease causing death, report the usual occupation prior to illness. If the person had reentered business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

48

Registered No.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 44 Temple Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Frank G. Aguayo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Temple Ave
(Usual place of abode)

St.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR).....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Merchant

Industry
10 or Business: Coffee & Tea

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Puerto Rico

PARENTS

13 NAME OF
FATHER Frank Aguayo

14 BIRTHPLACE OF
FATHER (City)
(State or country) Puerto Rico

15 MAIDEN NAME
OF MOTHER Theresa-Carol de la Cruz

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Puerto Rico

17 Informant Frank Aguayo (Relation, if any)
(Address) 44 Temple Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
(Date of Issue of Permit) 3/9/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 7 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 15 1942 to Mar 7 1943
I last saw him alive on March 7, 1943, death is said to
have occurred on the date stated above, at 12:30 p.m.

Immediate cause of death: Pulmonary Embolism Duration IMPORTANT

Due to Chronic Endocarditis 5 years

Due to

Other conditions... (Include pregnancy within 3 months of death) IMPORTANT

Major findings: none Physician Underline the cause to which death should be charged statistically.

Of operations... Date of

Of autopsy... none

What test confirmed diagnosis: Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify (Signed) Daniel J. O'Brien M. D.
(Address) Winthrop, Mass Date Mar 8 1943

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Mar 10 1943

22 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS

Recolvad and filed 19

(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-C-2-42-8855

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(3) Medloal Examlners will investigate and certify to all deaths sup-
 posably due to injury. These include not only deaths caused directly or in-
 directly by traumatism (including resulting septicemia), and by the action
 of chemical (drugs or poisons), thermal, or electrical agents, and deaths
 following abortion, but also deaths from disease resulting from injury or
 infection related to occupation, the sudden deaths of persons not disabled
 by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Mark an entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the cause causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

300m-10-'39. No. 8477-d

1 PLACE OF DEATH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH
Registered No. 49
(City or town making return)
Winthrop
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Edward Nichols
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 288 Court Road St. _____
(Usual place of abode)
length of stay: In hospital or institution _____ years _____ months 1 days. In this community 7 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> <u>Married</u> or <u>DIVORCED</u>	
5a If married, widowed, or divorced HUSBAND of <u>Amanda Harrington</u> (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			
6 Age of husband or wife if alive. <u>72</u> years			
7 IF STILLBORN, enter that fact here.			
8 AGE <u>73</u> Years <u>7</u> Months <u>20</u> Days If less than 1 day Hours _____ Minutes _____			
9 Occupation: <u>Art Dealer</u>			
10 Industry or Business: _____			
11 Social Security No. <u>None</u>			
12 BIRTHPLACE (City) <u>East Boston</u> (State or country) <u>Mass.</u>			
13 NAME OF FATHER <u>William Nichols</u>			
14 BIRTHPLACE OF FATHER (City) <u>Birmingham</u> (State or country) <u>England</u>			
15 MAIDEN NAME OF MOTHER <u>Eva Martyn</u>			
16 BIRTHPLACE OF MOTHER (City) <u>Manchester</u> (State or country) <u>England</u>			
17 Informant <u>Mrs. Amanda Nichols</u> Relation <u>wife</u> (Address) <u>288 Court Road</u>			

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH <u>Mar 8 1943</u> (Month) (Day) (Year)	
19 I HEREBY CERTIFY. That I attended deceased from <u>December 15, 1942</u> to <u>Mar 8, 1943</u>	
I last saw him alive on <u>Mar 8, 1943</u> , death is said to have occurred on the date stated above, at <u>5 P.</u> m.	
Immediate cause of death <u>Coronary occlusion</u>	Duration <u>Several</u>
Due to <u>arterio-sclerosis of coronary artery</u>	<u>12 years</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	
Major findings: <u>hypertrophy of prostate</u> Date of <u>Mar 8, 1943</u>	
Of operations _____	Underline the cause to which death should be charged statistically.
Of autopsy _____	_____
What test confirmed diagnosis? <u>clinical signs</u>	
20 Was disease or injury in any way related to occupation of deceased? _____	
If so, specify _____	
(Signed) <u>A. J. O'Brien M. D.</u>	M. D.
(Address) <u>Winthrop, Mass.</u>	Date <u>Mar 8, 1943</u>
21 <u>Woodlawn, Everett</u> Place of Burial, Cremation or Removal (City or Town)	
DATE OF BURIAL <u>Mar 11, 1943</u>	
22 NAME OF FUNERAL DIRECTOR <u>Thomas W. Rhodes</u> <u>Lynn, Mass.</u>	
ADDRESS _____	
Received and filed <u>1943</u>	
A TRUE COPY ATTEST: _____ (Registrar)	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Wm. D. Childs
(Signature of Agent of Board of Health or other Health Officer) 3/11/43
(Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 50

2 FULL NAME Crissa Isabel (Wilson) Wait

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Waldemar Avenue

(Usual place of abode)

St.

Length of stay: In hospital or institution

(Specify whether)

years

months 2

days

(If nonresident, give city or town and state)

In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Gilbert Henry Wait

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 3 Months 16 Days If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) South Boston (State or country) Massachusetts

13 NAME OF FATHER James L. Wilson

14 BIRTHPLACE OF FATHER (City) Vermont (State or country)

15 MAIDEN NAME OF MOTHER Christianna E. Hayden

16 BIRTHPLACE OF MOTHER (City) Quincy (State or country) Massachusetts

17 Informant Harriet W. Holt daughter Relation if any (Address) 39 Waldemar Ave. Winthrop Mass

1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 9 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Mar. 7, 1943, to Mar. 9, 1943

I last saw h. or alive on March 8, 1943, death is said to have occurred on the date stated above, at 10:01 A.M.

Immediate cause of death Intestinal Obstruction Duration 24 days

Due to Peritonitis 2 days

Due to Ruptured Appendicitis 2 days

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Intestinal Obstruction Of operations Ruptured Appendix Date of Mar 9, 1943

Of autopsy none

What test confirmed diagnosis operation

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date Mar 9 1943

21 Mt. Hope Cemetery Milton

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 12, 1943

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed MAR 12 1943 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 76 Ingleside Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 51

2 FULL NAME Ellen Louise (Mellen) Barry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 76 Ingleside Ave
(Usual place of abode)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of John L. Barry
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years — Months — Days If less than 1 day
Hours — Minutes

9 Occupation: Housewife

10 Industry Own Home

11 Social Security No.

12 BIRTHPLACE (City) Charlestown
(State or country) Massachusetts

13 NAME OF FATHER Michael Mellen

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Jane O'Donnell

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant June B. Holland (Relation, if any)
(Address) 76 Ingleside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Signature of Agent or Board of Health or other
Health Officer 3/12/43

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 9, 1943, to March 10, 1943

I last saw him alive on March 10, 1943, death is said to
have occurred on the date stated above, at 10:00 a.m.

Immediate cause of death..... Duration

Coronary thrombosis 24 hours

Due to.....

Due to.....

Due to.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....

(Signed)..... M. D.

(Address) Boston Date March 11, 1943

21 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL March 13, 1943

22 NAME OF FUNERAL DIRECTOR John F. O'Neale

ADDRESS Winthrop, Massachusetts

Received and filed..... 19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

See instructions on back of certificate. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

1 PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)
No. 10 Locust



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 53

2 FULL NAME Annie B Woodward (maiden name) (Butterworth)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 10 Locust St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution no years months days. In this community yrs. 2 mos. 10 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) widowed
MARRIED
WIDOWED
or DIVORCED
5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George H. Woodward
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 90 Years 1 Months 4 Days | If less than 1 day
Hours Minutes

Usual Occupation: House wife

Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) England
(State or country)

PARENTS

13 NAME OF FATHER Abel Butterworth

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Martha Alexander

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Albert Woodward Relation, if any
(Address) 10 Locust St. Wintthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)

Health Officer Mar. 14/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 14 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1943, to March 14, 1943.

I last saw him alive on March 13, 1943. Death is said to have occurred on the date stated above, at 5⁴⁵ A.m.

Immediate cause of death.

myocarditis, senility

Duration

Feb 1

IMPORTANT

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? no

IMPORTANT
Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased no
If so, specify free

(Signed) John H. Childers M. D.
Address 125 S. Main St. Franklin, N.H. Date 3/14 1943

21 Place of Burial, Cremation or Removal. Franklin, N.H.
(City or Town)

DATE OF BURIAL Mar. 16 1943

22 NAME OF FUNERAL DIRECTOR Bradford H. Butler
ADDRESS 125 S. Main St. Franklin, N.H.

Received and filed Mar 14 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.


Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk County) Winthrop (City or Town) No. 22 Prescott			St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 53			
2	FULL NAME Louise Irene Butler (If deceased is a married, widowed or divorced woman, give also maiden name.)					PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, <u>No</u> if so specify WAR)			
(a) Residence, No. 22 Prescott (Usual place of abode)		St.		(If nonresident, give city or town and State)					
Length of stay: In hospital or Institution <u>None</u> (Before death) (Specify whether)		years		months		days		In this community 1 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word), MARRIED WIDDED or DIVORCED Married		18 DATE OF DEATH March 15 1943 (Month) (Day) (Year)					
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Howard E. Butler (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1943 to March 15, 1943 I last saw him alive on March 14, 1943, death is said to have occurred on the date stated above, at 8:45 P. M.				Duration IMPORTANT 16 Mos.	
6 Age of husband or wife if alive 45 years				Immediate cause of death Caremaning of Uterus, + Rectum					
7 IF STILLBORN, enter that fact here.				Due to					
8 AGE 47 Years Months Days If less than 1 day Hours Minutes				Due to					
9 Usual Occupation: At Home				Other conditions (Include pregnancy within 3 months of death)				IMPORTANT Physician Underline the cause to which death should be charged sta- tistically.	
10 Industry or Business:				Major findings: Of operations					
11 Social Security No. None				Of autopsy		Date of			
12 BIRTHPLACE (City) East Boston (State or country) Mass.				What test confirmed diagnosis? Clinical Signs					
PARENTS	13 NAME OF FATHER Joseph F. Berry			20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. O'Brien M.D. (Address) Winthrop Date Mar 16 1943					
	14 BIRTHPLACE OF FATHER (City) Portland (State or country) Maine			21 Place of Burial, Cremation or Removal DATE OF BURIAL March 15 1943					
	15 MAIDEN NAME OF MOTHER Annie E. O'Connor			22 NAME OF FUNERAL DIRECTOR R.C. Kirby ADDRESS Boston					
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)					Received and filed 19				
17 Informant Howard E. Butler Husband (Address) 22 Prescott St. Win.									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Jan. S. Childs (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 3/18/43									
MAR 20 1949 (Registrar)									

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 0.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WHILE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH <i>Suffolk</i> (County) <i>Wintthrop</i> (City or Town)	2 FULL NAME <i>Mrs. Angelina Forzine</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		3 SEX <i>Female</i>	
2 FULL NAME <i>Mrs. Angelina Forzine</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)		4 COLOR OR RACE <i>White</i>		5 SINGLE MARRIED (write the word) <i>Widowed</i>
(a) Residence. No. <i>130 Washington Ave.</i> St. <i>Wintthrop</i> (Usual place of abode)		6 Age of husband or wife if alive <i>72</i> Years <i>—</i> Months <i>—</i> Days <i>—</i> Hours <i>—</i> Minutes		7 IF STILLBORN, enter that fact here.
Length of stay: In hospital or institution <i>—</i> years <i>—</i> months <i>—</i> days. (Specify whether)		In this community <i>5</i> yrs. <i>—</i> mos. <i>—</i> days.		8 AGE <i>72</i> Years <i>—</i> Months <i>—</i> Days <i>—</i> Hours <i>—</i> Minutes
10 or Business: <i>at home</i>		11 Social Security No. <i>none</i>		12 BIRTHPLACE (City) <i>Italy</i> (State or country)
13 NAME OF FATHER <i>Ermine De Luca</i>		14 BIRTHPLACE OF FATHER (City) <i>Italy</i> (State or country)		15 MAIDEN NAME OF MOTHER <i>Maria Grazia (Chloronjoo)</i>
16 BIRTHPLACE OF MOTHER (City) <i>Italy</i> (State or country)		17 <i>Antonio Forzine (son)</i> Informant (Address) <i>130 Washington Ave.</i>		18 DATE OF DEATH <i>March 16 1943</i> (Month) (Day) (Year)
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>William D. Childress</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> <i>Mar 12/43</i> (Official Designation) (Date of Issue of Permit)		19 I HEREBY CERTIFY, That I attended deceased from <i>March 14, 1943</i> to <i>March 16, 1943</i> . I last saw him alive on <i>March 16, 1943</i> death is said to have occurred on the date stated above, at <i>3:15 a.m.</i> Immediate cause of death <i>Pulmonary edema</i> Due to <i>chronic myocarditis</i> <i>2 years</i> Due to <i>—</i> Other conditions <i>—</i> (Include pregnancy within 3 months of death)		Duration <i>IMPORTANT</i> <i>2 days</i> Physician <i>IMPORTANT</i> Underline the cause to which death should be charged statistically.
20 NAME OF FUNERAL DIRECTOR <i>Michael J. Piro</i> ADDRESS <i>247 Marlborough St. B.</i>		21 Place of Burial, Cremation or Removal <i>—</i> (City or Town) DATE OF BURIAL <i>March 18 1943</i>		22 NAME OF REGISTRAR <i>—</i> ADDRESS <i>—</i>
Received and filed <i>—</i> 19 <i>—</i>		MAR 20 1943 (Registrar)		

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

1 { PLACE OF DEATH

Suffolk
(County)



Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME.....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. I4 Seymour St
(Usual place of abode)

Length of stay: In hospital or institution hospital years months 1 days. In this community 1 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 60 Years — Months — Days if less than 1 day
AGE 60 Years — Months — Days — Hours — Minutes

9 Usual Occupation: Laborer

Industry or Business: City of Boston

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER Bartholomew
Bartholomew Duffy

14 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine
Bridget Rourke

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland

17 Informant.....Joseph Duffy.....(Brother
(Address) 14 Seymour St.....

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chilcote
(Signature of Agent of Board of Health or other)

Health Officer 3/22
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR).....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 20 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
(Mar. 20), 1913, to (Mar. 20), 1913.
I last saw him alive on (Mar. 20), 1913, death is said to
have occurred on the date stated above, at 10:30 p. m.

Immediate cause of death. *Cerebral hemorrhage* **EDICANTANT**
Due to *hypertension* *4 yrs*
Due to *arteriosclerosis* *4 yrs*

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....	Physician.....
.....	Underline the cause to which death should be charged statistically.
Of autopsy.....
What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *C. J. [Signature]* M D

21 Wytheville, W. Va. Station
Place of Burial, Cremation or Removal. - (City or Town)

22 NAME OF FUNERAL DIRECTOR... John H. O'Neale
ADDRESS... Winthrop

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d) 1-1-41-4607

1 PLACE OF DEATH

Suffolk
(County)
Wentthrop
(City or Town)

No. *Wentthrop Community Hospital* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby girl Rubin*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *82 Hitchhorn St.* St. *Revere*
(Usual place of abode)

Length of stay: In hospital or institution *yes* → years — months *18* days. In this community — yrs. — mos. *18* days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE (write the word) *single*
~~MARRIED~~
~~WIDOWED~~
~~or DIVORCED~~

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)
(or) WIFE of — (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE — Years — Months *18* Days | If less than 1 day — Hours — Minutes

9 Occupation: —
Usual

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) *Wentthrop*
(State or country) *Mass.*

PARENTS

13 NAME OF FATHER *Irving Rubin*

14 BIRTHPLACE OF FATHER (City) *Boston*
(State or country) *Mass.*

15 MAIDEN NAME OF MOTHER *Lydia DeFilippo*

16 BIRTHPLACE OF MOTHER (City) *Revere*
(State or country) *Mass.*

17 Informant *Lydia Rubin* Relation, if any *Mother*
(Address) *82 Hitchhorn St. Revere*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Muldoon
(Signature of Agent of Board of Health or other)
Health office (Official Designation) *3/21/43* (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

Registered No. *56*

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) *No*

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *MAR. 21, 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Mar. 3, 1943, to Mar. 21, 1943*

I last saw him *alive on Mar. 20, 1943*, death is said to have occurred on the date stated above, at *6:15 A.M.*

Immediate cause of death. *Bronchio-Pneum.* Duration *1 day*

Due to *Pneumonia* *IMPORTANT*

Due to *Removal of adrenal glands*

Other conditions. —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations. —

Date of —

Of autopsy *as above*

What test confirmed diagnosis? *Autopsy*

20 Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) *Wm. P. Muldoon* M. D.

(Address) *12 Charles St. Revere* Date *3/21, 1943*

21 *Holy Cross Cemetery Malden Mass.* Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *March 22, 1943*

22 NAME OF FUNERAL DIRECTOR *Charles Bruno & Son*

ADDRESS *14 Proctor Ave. Revere Mass.*

Received and filed. *19* (Registrar) *X*

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours of such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 181 Pleasant



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 57

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Alice H. Healy nee (Hall)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(a) Residence, No. 181 Pleasant
 (Usual place of abode)

St. Winthrop
 (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 60 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of Fred A. Healy
 (Husband's name in full)

6 Age of husband or wife if alive 78 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 5 Months 7 Days If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Housewife

Industry
 10 or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City) St. George
 (State or country) Maine

13 NAME OF FATHER Andrew J. Hall

14 BIRTHPLACE OF FATHER (City) Unknown
 (State or country) Maine

15 MAIDEN NAME OF MOTHER Louise Keene

16 BIRTHPLACE OF MOTHER (City) Unknown
 (State or country) Maine

17 Informant Fred A. Healy (husband)
 (Address) 181 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 3/25/43
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 May 1 1935 to March 22 1943

I last saw him alive on March 22 1943 death is said to
 have occurred on the date stated above, at 10:40 P.M.

Immediate cause of death Cerebral Hemorrhage
 Duration 5 days

Due to Hypertension 10 yrs

Due to

Other conditions Chronic Myocarditis 5 yrs
 (Include pregnancy within 3 months of death)

Major findings: Of operations: Physician Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis F. Salerno M. D.
 (Address) 175 Pleasant St. Date March 24 1943

21 Woodlawn Everett
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL March 25, 1943

22 NAME OF FUNERAL DIRECTOR L. E. Parker
 ADDRESS 300 Meridian St., E. Boston

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 58

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Runstein
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 100 Washington Ave. Chelsea
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 3 days. In this community yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED DIVORCED married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Louis Runstein
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Housewife

Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Haskel Weisbaird

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER cannot be learned

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Galata Runstein (daughter)
(Address) 100 Washington Ave Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress Jr.
(Signature of Agent of Board of Health or other)

Health Officer 3/23/43
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH March 23, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Mar 21, 1943, to Mar 23, 1943.

I last saw him alive on Mar 22, 1943, death is said to
have occurred on the date stated above, at 5:25 A.M.

Immediate cause of death

Ulcerative Colitis

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

Duration

IMPORTANT

8 mo.

1 yr.

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) W. J. Simmons M. D.

(Address) 353 Washington Ave Chelsea Date Mar 23, 1943

21 Montpelier Cemetery Woburn
Place of Burial (Cremation or Removal) (City or Town)

DATE OF BURIAL March 23, 1943

22 NAME OF FUNERAL DIRECTOR Manuel Slawsky

ADDRESS 10 Washington St Dor

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 59

2 FULL NAME Bessie Helen Dutre (Wright)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 191 Court Rd. St.
(Usual place of abode)
Length of stay: In hospital or institution Hospital years month 33 days. In this community 12 yrs. mos. days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of John L. Dutre
(Give maiden name of wife in full)
(or) WIFE of John L. Dutre
(Husband's name in full)

6 Age of husband or wife if alive 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 47 Years 10 Months — Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Housewife

Industry
10 or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) Boston
Mass.

PARENTS

13 NAME OF
FATHER William Wright

14 BIRTHPLACE OF
FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME
OF MOTHER Flora ?

16 BIRTHPLACE OF
MOTHER (City) Unable to obtain
(State or country)

17 Informant John L. Dutre (Husband)
(Address) 191 Court Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/26/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 23 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 9, 1943, to March 23, 1943
I last saw him alive on March 23, 1943, death is said to
have occurred on the date stated above, at 2:30 p.m.

Immediate cause of death Lymphoblastoma — Duration
IMPORTANT 8 mos

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Strangulated hernia
Of operations: Date of Aug. 27, 1942

Of autopsy —
What test confirmed diagnosis? Pathological

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: Edw. J. Pringle
(Signed) M. D.
(Address) 205 West 1st St. Date: Mar. 25, 1943

21 Oak Grove Medford
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 25 1943

22 NAME OF FUNERAL DIRECTOR: Edward S. Pringle
ADDRESS: Winthrop, Mass.

Received and filed: 3/26/43 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 60

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 16 Sunset Rd.



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Sarah H. Fernald Leonard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 16 Sunset Rd. St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years months days. In this community 16 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Christopher Leonard
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years _____ Months _____ Days _____ If less than 1 day
Hours _____ Minutes _____

9 Occupation: Housewife

10 Industry Own Home

11 Social Security No. _____

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER Robert Fernald

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Margaret Dooley

16 BIRTHPLACE OF MOTHER (City) _____
(State or country) Ireland

17 Informant Christopher Leonard (Relation, if any)
(Address) 16 Sunset Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chuloke
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/26/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 28 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June, 1942, to March 23, 1943.

I last saw him alive on March 23, 1943, death is said to
have occurred on the date stated above, at 2 p.m.

Immediate cause of death Coronary Thrombosis

Cerebral Thrombosis
Uremia

Due to Generalized Arteriosclerosis

Due to Chronic Interstitial Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Charles J. Catalano M. D.
(Address) 483 York St. Boston Date 3/25 1943

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Mar 27 1943 19

22 NAME OF FUNERAL DIRECTOR John J. O'Malley
ADDRESS Winthrop

Received and filed 19

(Registrar)

Duration
6 days
IMPORTANT
5 days
3 days

10 years

6 months

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry under this section for every person aged 10 years or over. If the occupation had been usual or changed on account of the disease causing death, report the usual occupation prior to illness. If the retiree had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write house-work. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as house-keeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

PARENTS

1 PLACE OF DEATH { <u>Suffolk</u> (County) <u>Winthrop</u> (City or Town)		The Commonwealth of <u>Massachusetts</u> OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return) Registered No. <u>61</u>	
No. <u>Winthrop Community Hospital</u> St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		2 FULL NAME <u>Mrs. Mary E. Lent</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. <u>6 Lincoln</u> St. (Usual place of abode) <u>hospital</u> length of stay: In hospital or institution <u>8 1/2 hrs.</u> (Specify whether) <u>years</u> <u>months</u> <u>days</u>		(If nonresident, give city or town and state) In this community <u>40</u> yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>F.</u>	4 COLOR OR RACE <u>W.</u>	5 SINGLE <input checked="" type="checkbox"/> (write the word) MARRIED WIDOWED or DIVORCED <u>single</u>			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 Age of husband or wife if alive _____ years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>73</u> Years <u>1</u> Months <u>9</u> Days If less than 1 day Hours _____ Minutes _____					
9 Occupation: <u>Bookkeeper</u>					
10 Industry or Business: <u>Congregational Missionary Society</u>					
11 Social Security No. _____					
12 BIRTHPLACE (City) <u>Freeport</u> (State or country) <u>Nova Scotia</u>					
13 NAME OF FATHER <u>James Manning Lent</u>					
14 BIRTHPLACE OF FATHER (City) _____ (State or country) <u>Nova Scotia</u>					
15 MAIDEN NAME OF MOTHER <u>Mary Emma Israel</u>					
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <u>Nova Scotia</u>					
17 Informant <u>Mrs. Gertrude L. Freeman</u> Sister (Address) <u>335 Winthrop St. Winthrop Mass</u> I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or permit was issued: <u>Wm. D. McLeod</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>3/25/43</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>March 24, 1943</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <u>March 22</u> , 19 <u>43</u> , to <u>March 24</u> , 19 <u>43</u> I last saw her alive on <u>March 24, 1943</u> , death is said to have occurred on the date stated above, at <u>7:30 AM</u> Duration _____ Immediate cause of death <u>Coronary thrombosis.</u>					
Due to <u>Coronary disease.</u>					
Due to <u>Arteriosclerosis</u>					
Other conditions <u>None</u> (Include pregnancy within 3 months of death)					
Major findings: <u>None</u>					
Of operations _____ Date of _____					
Of autopsy <u>None</u>					
What test confirmed diagnosis? <u>Clinical</u>					
20 Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>Rich. A. McLeod</u> M. D. (Address) <u>148 Wm. Zep St.</u> Date <u>3/24</u> 19 <u>43</u>					
21 <u>Winthrop Cemetery</u> <u>Winthrop Mass</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>March 26 1943</u> 19 <u>43</u>					
22 NAME OF FUNERAL DIRECTOR <u>Chas. P. Bennett</u> ADDRESS <u>Winthrop Mass</u>					
Received and filed _____ 19 <u>43</u>					
A TRUE COPY ATTEST: (Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 62

1 PLACE OF DEATH
Suffolk County
Waltham (City or Town)
No. 44 Underhill St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip Shuman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 44 Underhill St. Waltham
(Usual place of abode) (If nonresident, give city and town and State)

Length of stay: In hospital or institution years months days. In this community 11 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married	18 DATE OF DEATH March 25 1943 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Jeannette Levine (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from July 1942, to March 25, 1943. I last saw him alive on March 25, 1943, death is said to have occurred on the date stated above, at 8:20 A.M.	
(or) WIFE of (Husband's name in full)			Duration	
6 Age of husband or wife if alive 44 years			Immediate cause of death Coronary thrombosis	
7 IF STILLBORN, enter that fact here.			IMPORTANT 2 1/2 wks	
8 AGE 48 Years - Months - Days If less than 1 day Hours - Minutes			Due to Coronary sclerosis 5 yrs.	
9 Occupation: Dry Goods Store			Due to	
10 Industry or Business: For Himself			Other conditions	
11 Social Security No. none			(Include pregnancy within 3 months of death)	
12 BIRTHPLACE (City) (State or country) Russia			IMPORTANT	
PARENTS	13 NAME OF FATHER Jacob Shuman		Major findings: Of operations	
	14 BIRTHPLACE OF FATHER (City) (State or country) Russia		Date of	
	15 MAIDEN NAME OF MOTHER Rachel (Cannot be found)		Of autopsy	
	16 BIRTHPLACE OF MOTHER (City) (State or country) Russia		What test confirmed diagnosis?	
17 Jeannette Shuman (Address) 44 Underhill St. Waltham			20 Was disease or injury in any way related to occupation of deceased? No	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Underhill (Signature of Agent of Board of Health or other) Health Officer 3/26/43 (Official Designation) (Date of Issue of Permit)			21 (Signed) Charles Liberman M. D. (Address) 26 West Way Ave. Data 3/25/1943 Mt. Lebanon, Mo. (City or Town) Place of Burial, Cremation or Removal	
			DATE OF BURIAL March 26, 1943	
			22 NAME OF FUNERAL DIRECTOR Manuel Skutsky ADDRESS 10 Washington St. Dor.	
			Received and filed 19 (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 63

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Catherine E. Pero
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify, WAR) No.

(a) Residence. No. 8 Hooton Court St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months / days. In this community 7 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of James E. Pero
(or) WIFE of Catherine E. Pero
(Maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days | If less than 1 day
Hours Minutes

Usual Occupation: House work

Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER William Ring

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Barry

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Charles W. Pero Relation, if any son
(Address) 6 Hooton Ct., E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/31/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 27, 1943
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 27, 1943 to March 27, 1943

I last saw him alive on 3/27, 1943, death is said to have occurred on the date stated above, at 10 P. m.

Immediate cause of death Acute Cardiac dilatation Duration 1 day IMPORTANT

Due to General Peritonitis 1 day

Due to Ruptured Gall Bladder 1 day

Other conditions none

(Include pregnancy within 3 months of death) IMPORTANT

Major findings: No operation Physician _____
Of operations Date of _____

Of autopsy _____ Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Georg. H. Schwartz M. D.
(Address) 18 Beacon St., Boston Date 3/28 1943

21 Place of Burial, Cremation or Removal (City or Town) Boston
DATE OF BURIAL March 31 1943

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., E. B.

Received and Read 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

Registered No. 85

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Fisher Rest Home



Edith F Wendell

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 10 Sturgis St
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)Length of stay: In hospital or institution Hospital years 3 months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed, or divorced
HUSBAND of(or) WIFE of Gardner C Wendell
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 2 Months 21 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry Own Home
or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Bath
(State or country) Maine

13 NAME OF FATHER Cyrus E Parker

14 BIRTHPLACE OF FATHER (City) Unable to Obtain
(State or country)

15 MAIDEN NAME OF MOTHER Anna Cross

16 BIRTHPLACE OF MOTHER (City) -
(State or country) Maine17 Informant Mrs Henry Barnes (Daughter)
(Address) 12 Baldwin Pl. New Haven Conn.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/30/43
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 25, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
June 15, 1942 to March 28, 1943I last saw her alive on March 27, 1943, death is said to
have occurred on the date stated above, at 2:15 a.m.

Immediate cause of death

Cerebral Hemorrhage

Due to Hypertension
Arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? No..
If so, specify

(Signed)

(Address)

M. D.
Date March 19 43

21 Woodlawn Everett

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL March 30 19 43

22 NAME OF

FUNERAL DIRECTOR: Howard J. Reynolds

ADDRESS

Received and filed MAR 3 1943 19

(Registrar)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

IMPORTANT

Sudden
37 years
10 yearsIMPORTANT
PhysicianUnderline
the cause to
which death
should be a
charged sta-
tistically.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-4-2-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 66

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 E. off Ave. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace Brown (Mrs. Paul's Rest Home) (Bourditch)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 25 Woodside Ave. Winthrop St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution 3 years months days. In this community 3 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William A. Bourditch (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Salem Mass

13 NAME OF FATHER (Unknown)

14 BIRTHPLACE OF FATHER (City) (State or country) (Unknown) Bourditch

15 MAIDEN NAME OF MOTHER (Unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

17 Informant Joseph R. Brown Relation, if any (Address) 25 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/1/43
(Date of Issue of Permit)

18 DATE OF DEATH March 30 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1943, to March 29, 1943
I last saw her alive on April 28, 1943, death is said to have occurred on the date stated above, at 11 9 m.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. R. Brown M. D. (Address) Winthrop, Mass. Date March 31, 1943

21 Place of Burial, Cremation or Removal. (City or Town) Harmony Place Salem

DATE OF BURIAL Apr 1 1943

22 NAME OF FUNERAL DIRECTOR Ruby Brown

ADDRESS 210 Winthrop St. Winthrop

Recolvald and filed APR 1 1943 19 (Registrar)

Duration

IMPORTANT

3 years

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

per Dr. Childress

X

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Ask some one to give the occupation for every person aged 10 years or over. If the occupation had been given or changed since the death of the person causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

SPACE FOR ADDITIONAL INFORMATION

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for instructions and manner of filling in particulars. Extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4667

1 { PLACE OF DEATH
 Suffered
 (County)
 Wintthrop
 (City or Town)
 No. 251 Court Road



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 67

2 FULL NAME Caroline Mary Flannery
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 251 Court Rd Wintthrop St. None
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 10 yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
 U. S. War Veteran
 If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married
 5a If married, widowed, or divorced
 HUSBAND of Peter A. Flannery
 (or) WIFE of Peter A. Flannery
 (Give maiden name of wife in full)
 (Husband's name in full)
 6 Age of husband or wife if alive 50 years
 7 IF STILLBORN, enter that fact here.
 8 AGE 50 Years — Months — Days | If less than 1 day
 Hours — Minutes
 9 Occupation: Homemaker
 10 Industry Own Home
 or Business:
 11 Social Security No. None
 12 BIRTHPLACE (City)
 (State or country) East Boston
Mass
 13 NAME OF
 FATHER Michael J. Bradshaw
 14 BIRTHPLACE OF
 FATHER (City)
 (State or country) Boston
Mass
 15 MAIDEN NAME
 OF MOTHER Kennie H. Richards
 16 BIRTHPLACE OF
 MOTHER (City)
 (State or country) Peter River
N. S.
 17 Informant Peter A. Flannery Relation, if any
 (Address) 251 Court Road Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:
William O. Childress
 (Signature of Agent of Board of Health or other)
Agent April 1, 1943
 (Official designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
 DEATH March - 30 - 1943
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY that I have investigated the death
 of the person above-named and that the CAUSE AND MANNER thereof
 are as follows: (If an injury was involved, state fully.)
acute cardiac failure
hypertensive heart disease
 20 Accident, suicide, or homicide (specify) _____
 Date of occurrence _____ 19 _____
 Where did
 Injury occur? _____
 (City or town and State)
 Did injury occur in or about home, on farm, in industrial place, or in public
 place? _____
 (Specify type of place)
 Manner of Found dead in her cellar
 Injury
 Nature of floor
 Injury
 While at work? _____ Was there an autopsy? no
 21 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Mr. J. S. Suckler, M. D.
 (Signed) None 30 - 1943
 (Address) None
 22 Wintthrop Wintthrop
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL April 2 19 43
 23 NAME OF
 FUNERAL DIRECTOR Frederick Maguire
 ADDRESS East Boston
 Received and filed April 1 1943 19 _____
 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 08

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 151 Pleasant St



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ella Augusta Rich
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 151 Pleasant St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: in hospital or institution years months days, in this community 50 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Henry F Rich
(Give maiden name of wife in full)
(or) WIFE of Henry F Rich
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years 3 Months 15 Days | If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Truro
(State or country) Mass.

13 NAME OF FATHER James H Cordes

14 BIRTHPLACE OF FATHER (City) Truro
(State or country) Mass

15 MAIDEN NAME OF MOTHER Bettsey Rich

16 BIRTHPLACE OF MOTHER (City) Truro
(State or country) Mass.

17 Informant Lillian Rich Relation, if any
(Address) 94 Birch Rd Winthrop Daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/31/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 3 30 43
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to 19....., 19.....

I last saw him alive on 19....., death is said to

have occurred on the date stated above, at.....m.

Immediate cause of death..... Duration

..... IMPORTANT

.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:.....

Of operations.....

.....

.....

.....

.....

.....

.....

.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)..... M. D.

(Address)..... Date 3-30 1943

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 1 1943

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS.....

Received and filed..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 2.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Cbp., 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Cbp., 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians shall certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians shall certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners shall investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (b)-1-41-4067

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. 818 Harrison Ave

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 69 2944

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Napoleon S Vincente

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No. 22 Charles St
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced Ethel Stanhope
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 10 Months Days If less than 1 day Hours Minutes

9 Occupation: Carpenter

10 Industry or Business:

11 Social Security No. 009-09-7154

12 BIRTHPLACE (City) Salem Mass
(State or country)

13 NAME OF FATHER Salime Vincent

14 BIRTHPLACE OF FATHER (City) Canada
(State or country)

15 MAIDEN NAME OF MOTHER Demepilpa Trottier

16 BIRTHPLACE OF MOTHER (City) Canada
(State or country)17 Informant Mrs Amanda Perrin (daughter)
(Address) 15 Orient St Worcester

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED Mar 26, 1943 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 23, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute dilatation of the heart

Neglect Pediculosis

Alcoholism

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did Injury occur? (City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T Leary, M. D.

(Address) Boston Date 3/23/1943

22 Name Notre Dame Worcester Mass
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Mar 25/43 19

23 NAME OF FUNERAL DIRECTOR A P Lachapelle
ADDRESS Worcester Mass

Received and filed 19

(Registrar of City or Town where deceased resided)



Copies of returns or deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 2490 70

Suffolk

(County)

Boston

(City or Town)

No. New England Deaconess Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Mrs. Carrie L. Smith

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 461 Pleasant St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 11 days. In this community yrs. mos. 11 days. (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of Wilbur Horton Smith (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years 3 Months 11 Days | If less than 1 day Hours Minutes

Usual 9 Occupation: Clerk in Tax Collector's office

Industry 10 or Business: Town of Winthrop

11 Social Security No. No

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER Samuel Augusta Snow

14 BIRTHPLACE OF FATHER (City) Lonsdale (State or country) Rhode Island

15 MAIDEN NAME OF MOTHER Lucy Emma Jones

16 BIRTHPLACE OF MOTHER (City) Chatham (State or country) Mass.

17 Informant Helen Irene Jones (Address) Winthrop (Relation, if any) (Sister)

A TRUE COPY. Francis J. Fay ATTEST: (Registrar of city or town where death occurred)

DATE FILED March 15 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 11 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 28 1943, to March 11 1943

I last saw him alive on March 11 1943 death is said to have occurred on the date stated above, at 12:24 p.m.

Immediate cause of death Heart failure Duration 10 min.

Due to Coronary embolism 10 min.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Benign tumor of Neural origin Date of Refused permission

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify B. H. Cotton

(Signed) Boston Date 3-11-43 M. D.

21 PLACE OF BURIAL Winthrop Cemetery CREMATION OR REMOVAL (Cemetery) Winthrop (City or Town)

DATE OF BURIAL March 14 19 43

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS Winthrop

Received and filed APR 10 1943 19

(Registrar of City or Town where deceased resided)



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 27301

PLACE OF DEATH

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Albert Winerip

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

20 Lewis St.

St.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months 4 days.

In this community 4 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced
HUSBAND of

Sadie Paskowitz

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

55 years

7 IF STILLBORN, enter that fact here.

8 AGE

56

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

Newspaperman

10 Industry

or Business:

Boston American

11 Social Security No.

011-01-9381

12 BIRTHPLACE (City)

(State or country)

Poland

13 NAME OF
FATHER

Pinkus Winerip

14 BIRTHPLACE OF
FATHER (City)

(State or country) Poland

15 MAIDEN NAME
OF MOTHER

16 BIRTHPLACE OF
MOTHER (City)

(State or country) Poland

PARENTS

17

Informant
(Address)Relation, if any
(Wife)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Mar 22 1943

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Mar 18, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
3/14/43, 19....., to 3/18/43, 19.....I last saw him alive on 3/15/43, 19....., death is said
to have occurred on the date stated above, at 3:14 p.m.

Immediate cause of death

Bronchopneumonia

Duration

3 dys

uremia

2 dys

Due to? Cerebral accident

4 dys

Due to Generalized arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Stearns

M. D.

(Address) Boston

Date 3/18/43

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Beth Israel Everett

(Cemetery)

(City or Town)

DATE OF BURIAL

Mar 19, 1943

19

22 NAME OF
FUNERAL DIRECTOR J H Levine

ADDRESS

Boston Mass

Received and filed

19

APR 1 1943
(Registrar of City or Town where deceased resided)



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Peabody
(City or town making return)

Registered No. 72

PLACE OF DEATH

No. 350 Newbury St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patsy Paroli
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 215 Pleasant St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and state)
Length of stay: In hospital or institution. — years months days. In this community 37 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE W
5 SINGLE MARRIED (write the word) Married
WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of Agath Benisi
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

6 Age of husband or wife if alive. — years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years — Months — Days If less than 1 day Hours — Minutes

9 Occupation: Usual — Currier

10 Industry or Business: Cafe

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Italy

13 NAME OF FATHER Louis Paroli

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Louis Paroli Relation, if any (Son)

(Address) East Boston

A TRUE COPY. Edward J. Lord

ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 5, 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 19 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Probable Coronary Disease

20 Accident, suicide, or homicide (specify) —

Date of occurrence. 19. —

Where did injury occur? —

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? —

(Specify type of place)

Manner of injury —

Nature of injury —

While at work? — Was there an autopsy? —

21 Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) — M. D.

(Address) Peabody, Mass. Date 3/20 1943

22 Place of Burial, Cremation or Removal Winthrop Cem. Winthrop (City or Town)

DATE OF BURIAL March 22 1943

23 NAME OF FUNERAL DIRECTOR P. M. Cahill

ADDRESS Peabody, Mass.

Received and filed April 19 1943

(Registrar of City or Town where deceased resided)



Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2831

PLACE OF DEATH

1

Boston

(City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James A Herbert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 204 Cottage Rd St. Winthrop Mass
(Usual place of abode)

Length of stay: In hospital or institution. years months 24 days.
(Specify whether) (If nonresident, give city or town and state) In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Bernice F Burns
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 30 years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Lawyer

10 Industry or Business: Law

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass.
(State or country)

13 NAME OF FATHER John W Herbert

14 BIRTHPLACE OF FATHER (City) E Boston Mass
(State or country)

15 MAIDEN NAME OF MOTHER Nellie Brickley

16 BIRTHPLACE OF MOTHER (City) Charlestown Mass
(State or country)

17 Informant (Address) Francis J. Fay
Relation, if any (Wife)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Mar 24, 1943 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 20, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 2/20/43, 19 to 3/20/43, 19

I last saw him alive on 3/20/43, 19, death is said to have occurred on the date stated above, at 3:20 p.m. Duration

Immediate cause of death Lymphoma Hodgkins type 2 yrs generalized

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H W Benjamin M. D.
(Address) Boston Date 3/20/43

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem
(Cemetery) Winthrop (City or Town)

DATE OF BURIAL Mar 23/43 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39, No. 8427-f

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

PLACE OF DEATH

(County)

(City or Town)

No. Mass General Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 2935

2 FULL NAME Owen G Evans

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

84 Faunbar Ave

St. Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months 7 days.

(Specify whether)

In this community 9 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced
HUSBAND of

Mary Cunningham

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years 6 Months 12 Days | If less than 1 day
Hours..... Minutes

9 Usual Occupation: Agent (retired)

10 Industry or Business: Life insurance

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Boston Mass

13 NAME OF FATHER George K Evans

14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Mary Sullivan

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland17 Informant Julia Sullivan (cousin)
(Address) 84 Faunbar Ave. Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Mar 26, 1943

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Mar 22, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
3/15/43, 19..... to..... 3/22/43, 19.....I last saw him alive on..... 3/22/43, 19....., death is said
to have occurred on the date stated above, at..... 3:54p.m. Duration

Immediate cause of death

Broncho pneumonia Bilateral 4 wks

Due to

Due to

Other conditions Embolism Pulmonary
(Include pregnancy within 3 months of death) 4 dys

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T A Devan

(Address) Boston

Date 3/23/43

21 PLACE OF BURIAL Winthrop Cem

DATE OF BURIAL 3/26/43 (Cemetery) Winthrop (City or Town)

22 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop Mass

Received and filed

19

(Registrar of City or Town where deceased resided)



Suffolk

(County)

Boston

(City or Town)

No. Boston City Hospital

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return) 75

Registered No. 3049

PLACE OF DEATH

2 FULL NAME John R Mulrey
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 47 Ware Way St. Winthrop Mass
(Usual place of abode)Length of stay: In hospital or institution... years months 3 days. (Specify whether) (If nonresident, give city or town and state)
In this community yrs. mos. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive... years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Attorney at law

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Boston Mass

13 NAME OF FATHER John R Mulrey

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Marie Kelley

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Albert Mulrey (Address) 49 Hermon St Winthrop Relation, if any brother

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED Mar 30, 1943 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 26, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/23/43, 19....., to 3/26/43 19.....

I last saw h..... alive on..... 19....., death is said to have occurred on the date stated above, at 12:05a m. Duration

Immediate cause of death Lobar pneumonia dys

Due to Cerebral thrombosis dys

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M W O'Connell M. D.

(Address) Boston Mass Date 3/26/43

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's Cem (City or Town) Boston

DATE OF BURIAL 3/29/43 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

76

Registered No.

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

1

2 FULL NAME Richard Doherty (If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 125 Cliff Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months 25 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years..... Months..... Days | If less than 1 day
Hours..... MinutesUsual
9 Occupation: Retired printerIndustry
10 or Business:11 Social Security No. cannot be learned12 BIRTHPLACE (City) Boston
(State or country) Mass.13 NAME OF
FATHER cannot be learned14 BIRTHPLACE OF
FATHER (City)
(State or country) cannot be learned15 MAIDEN NAME
OF MOTHER cannot be learned16 BIRTHPLACE OF
MOTHER (City)
(State or country) cannot be learned17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST:
(Registrar of city or town where death occurred) April 4
DATE FILED 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 28 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from
March 3 19 43, to March 28 19 43I last saw him alive on March 28, 19 43 Death is said to
have occurred on the date stated above, at 3:35 a. m.Immediate cause of death.....
Bronchopneumonia 3 days
Chronic Myocarditis 14 yrs
Generalized arteriosclerosis 14 yrs.

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....
Date of.....
Of autopsy.....
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
(Signed) Abraham Gardner M. D.
(Address) Hathorne, Mass. Date 4/2 19 4321 PLACE OF BURIAL, Winthrop Cemetery
CREMATION OR REMOVAL Winthrop, Mass.
(Cemetery) (City or Town)
DATE OF BURIAL March 30 19 4322 NAME OF FUNERAL DIRECTOR Kirby Brothers
ADDRESS Winthrop, Mass.Received and filed April 4 19 43
(Registrar of City or Town where deceased resided)



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-4

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3144

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Mass Eye & Ear Infirmary St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte R. Downs (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. Cliff House St. Winthrop Mass (Usual place of abode)

Length of stay: In hospital or institution 170 Cliff Ave years months 11 days. (Specify whether) (If nonresident, give city or town and state) In this community yrs. mos. 11 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Abram P. Downs (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 92 Years 8 Months 6 Days If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Lebanon (State or country) York Co Maine

PARENTS

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant Mrs I McNaughton (Address) 72 Harbor View Winthrop Mass Relation, if any friend

A TRUE COPY. Francis J. Fay

ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 1 1943 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 29, 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/19/43, 19 to 3/29/43, 19

I last saw her alive on 3/29/43, 19, death is said to have occurred on the date stated above, at 8:30p.m. Duration

Immediate cause of death.

Acute hemorrhagic glaucoma right eye 3 wks

Due to Arteriosclerosis 10 yrs

Debility Senility

Due to Ether anesthesia 15 mins

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M J King M. D.

(Address) Boston Date 3/29/43

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem Winthrop (Cemetery) (City or town)

DATE OF BURIAL Apr 2, 1943 19

22 NAME OF FUNERAL DIRECTOR Chas R Bennison

ADDRESS Withrop Mass

Received and filed APR 2 1943 19

(Registrar of City or Town where deceased resided)



terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

1 PLACE OF DEATH
 {
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 37 Shirley St



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent

Registered No. 78

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME William Dilling
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(a) Residence. No. 37 Shirley St St.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 25 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Helen Knox
 (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Bookkeeper

Industry
 10 or Business: Lumber Co.

11 Social Security No. 025-05-7566

12 BIRTHPLACE (City) Aberdeen
 (State or country) Scotland

13 NAME OF FATHER James Dilling

14 BIRTHPLACE OF FATHER (City) Aberdeen
 (State or country) Scotland

15 MAIDEN NAME OF MOTHER Margaret Cumming

16 BIRTHPLACE OF MOTHER (City) Stonywood
 (State or country) Scotland

17 Informant Helen Dilling (Relationship if any)
 (Address) 37 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
 Health officer 4/3/43
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 1 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 Sept 5, 1942, to April 1, 1943

I last saw him alive on March 31, 1943, death is said to
 have occurred on the date stated above, at 11 A.m.

Immediate cause of death Duration

Carcinoma of right lung IMPORTANT
 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Louis J. Salerno M. D.
 (Address) 125 Pleasant St Date 4/4/43

21 Winthrop Winthrop
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL April 4 1943

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
 ADDRESS Winthrop

Received and filed 4/7/43

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(3) Medicoal Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person 10 years of age or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 3427-4

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 79

2 FULL NAME Thomas F. Mc Manus

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Quincy Ave. St. Winthrop

(Usual place of abode)

length of stay: In hospital or institution Hospital years months 2 days. In this community 28 yrs. mos. days.

(Specify whether)

(If U. S. War Veteran, specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired Painter

10 Industry or Business: Ship yards

11 Social Security No. 032-03-3896

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER Thomas J. Mc Manus

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Ellen Leary

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Mrs. Mary L. Kearney Relation, if any Informant (Address) 40 Quincy Ave. Wm.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Schildress (Signature of Agent of Board of Health or other)

140 (Official Designation) April 3 1943 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 2, 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 15, 1943, to April 2, 1943

I last saw him alive on April 2, 1943, death is said to have occurred on the date stated above, at 2 P.M.

Immediate cause of death Cerebral Hemorrhage 24 hours

Due to Hypertension 24 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Date of

Of autopsy none What test confirmed diagnosis? Clinical signs

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. A. O'Brien M. D. (Address) Winthrop, Mass. Date April 2, 1943

21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL April 5, 1943

22 NAME OF FUNERAL DIRECTOR M. J. Kelly ADDRESS 11 Meridian St., E. 13.

Received and filed April 5, 1943

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

80

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 42 Main St.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Alexander McLean
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 42 Main St
(Usual place of abode)

St.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Single
WIDOWED
or DIVORCED

18 DATE OF DEATH April 3 1945
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
19....., 19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at..... 6 P. M.

Duration

IMPORTANT

Immediate cause of death.....
Cerebral infarct
Due to.....
arteriosclerosis
(Brain of heart)
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations.....

Physician

Underline
the cause to
which death
should be
charged statistically.

Of autopsy..... Date of.....

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed)..... M. D.
(Address)..... Date 4-2-1945

21 Holy Cross Maiden
Place of Burial, Cremation or Reception..... (City or Town)
DATE OF BURIAL April 6 1945 19.....

22 NAME OF FUNERAL DIRECTOR John P. Magley
ADDRESS Winthrop

Received and filed..... 19.....

(Registrar)

PARENTS

13 NAME OF FATHER Hugh McLean
14 BIRTHPLACE OF FATHER (City) Pictou
(State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Catherin Mac Donald
16 BIRTHPLACE OF MOTHER (City) Cape Breton
(State or country) Cape Breton

17 Informant Daniel Mc Lean (Brother)
(Address) 42 Main St

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Philbrick
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/5/45 (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examinations upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. In the occupation had been given up changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 81

1 PLACE OF DEATH
Suffolk
(County)
Norfolk
(City or Town)
No. 68 Herman St



SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Alvin M. Garlen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

(a) Residence. No. 68 Herman St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James H. Garlen
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Charles Curtis

14 BIRTHPLACE OF FATHER (City) Newmarket
(State or country) N. H.

15 MAIDEN NAME OF MOTHER Katharine Casey

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Charles J. Garlen (Relation, if any)
(Address) 68 Herman St. Norfolk

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/6/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 4 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
March 20th 1943, to April 4 1943

I last saw him alive on April 3 1943, death is said to
have occurred on the date stated above, at 6:30 P.M.

Immediate cause of death: Myocarditis Duration 2 or 3 year

Due to Senility IMPORTANT

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations: Date of

Of autopsy: What test confirmed diagnosis Clinical Signs Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) Wm. D. Childers M. D.

(Address) Winthrop Mass Date April 4 1943

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL April 7 1943

22 NAME OF FUNERAL DIRECTOR J. J. Dineen

ADDRESS None

Received and filed 19

APR 7 1943 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 82

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. Am. Legion Hall, Hermon St

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Henrietta L. Powers Harber
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(a) Residence, No. 305 Winthrop St.
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 20 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of William G. Harber (Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days | If less than 1 day
 Hours Minutes

9 Occupation: Usual Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) South Boston
 (State or country) Mass

PARENTS

13 NAME OF FATHER Francis F Powers

14 BIRTHPLACE OF FATHER (City) Newfoundland
 (State or country)

15 MAIDEN NAME OF MOTHER Margaret Rowe

16 BIRTHPLACE OF MOTHER (City) Newfoundland
 (State or country)

17 Informant William G. Harber (Address) 305 Winthrop St. Relation, if any Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. P. Childress
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/12/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 10 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 Jan 1, 1942, to April 10, 1943
 last saw him alive on April 1, 1943 death is said to
 have occurred on the date stated above, at 11:15 P.M.

Immediate cause of death: Coronary thrombosis Duration IMPORTANT

Due to hypertension if any

Due to Chronic Bright's Disease

Other conditions: (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. P. Harber M. D.
 (Address) 305 Winthrop St. Date 4-11-1943

21 Place of Burial, Cremation or Removal Winthrop (City or Town)

DATE OF BURIAL April 13 1943

22 NAME OF FUNERAL DIRECTOR John M. Moley
 ADDRESS Winthrop

Received and filed 19

APR 1 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make one entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4607

1 PLACE OF DEATH

Suffolk
(County)
Brethxxx Winthrop
(City or Town)

No. *25 Moore St. Winthrop*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *83*

2 FULL NAME *James G. McDonald*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. *25 Moore St. Winthrop* St. *Winthrop*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: in hospital or institution..... years months days. In this community yrs. *II* days.
(Before death) (Specify whether)

{ PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED
WIDOWED
or *DIVORCED* *Single*

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(If husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months *II* Days | If less than 1 day
Hours Minutes

9 Occupation: Usual
Industry or Business:

10 Social Security No.

11 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass*

12 NAME OF FATHER *James G. McDonald*

13 BIRTHPLACE OF FATHER (City) *Malden*
(State or country) *Mass*

14 MAIDEN NAME OF MOTHER *Elizabeth Rourke*

15 BIRTHPLACE OF MOTHER (City) *Winthrop*
(State or country) *Mass*

16 NAME OF MOTHER *Elizabeth McDonald* (Maiden name)
(Address) *25 Moore St*

17 I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress, Jr.
(Signature of Agent of Board of Health of other)
Health Officer (Official Designation) *4/12/43* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 10, 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Asphyxiation
Positional
(POSITIONAL)

20 Accident, suicide, or homicide (specify) *Accidental*
Date of occurrence *April - 10 - 1943*
Where did injury occur? *Winthrop*
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? *Yes*
(Specify type of place)

Manner of Injury *Found dead in his crib*
Nature of Injury *no*

While at work? Was there an autopsy? *no*

21 Was disease or injury in any way related to occupation of deceased?
If so, specify *Wm. J. Brickley* M. D.
(Signed) *Brethxxx* *April - 10 - 1943*
(Address)

22 *Winthrop Cem Winthrop*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *19*

23 NAME OF FUNERAL DIRECTOR *John F. Maly*
ADDRESS *Winthrop*

Received and filed *APR 22 1943* 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Grafton

(City or town making return)

Registered No. 56 84

Worcester

(County)

Grafton

(City or Town)

No. Grafton State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Anna D. Knudson

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 179 Pauline St. St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital - years - months 16 days. In this community - yrs. - mos. 16 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED Widowed
or DIVORCED5a If married, widowed, or divorced HUSBAND of Benjamin Knudson in full
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housekeeper

10 Industry or Business: Own house

11 Social Security No. None

12 BIRTHPLACE (City) Can not be learned
(State or country) Norway

13 NAME OF FATHER Seman Gulbrandsen

14 BIRTHPLACE OF FATHER (City) Can not be learned
(State or country) Can not be learned

15 MAIDEN NAME OF MOTHER Tolina Tretburg

16 BIRTHPLACE OF MOTHER (City) Can not be learned
(State or country) Can not be learned17 Informant Grafton S. H. records Relation, if any
(Address) North Grafton, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED April 12, 1943 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 11, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from March 26, 1943, to April 11, 1943.
I last saw her alive on April 11, 1943 death is said to have occurred on the date stated above, at 9:45 P.m.

Immediate cause of death: Cardiorenal arteriosclerosis many years

Due to:

Due to:

Other conditions: Bronchopneumonia 3 days
(Include pregnancy within 3 months of death) Physician

Major findings: None Underline the cause to which death should be charged statistically.

Of operations:

Of autopsy:

What test confirmed diagnosis? Clin & Lab

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Soli Morris M. D.
(Address) North Grafton Date 4/12/194321 PLACE OF BURIAL, Winthrop, Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL April 14, 1943 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed MAY 3 1943 19

(Registrar of City or Town where deceased resided)



so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4067

1 PLACE OF DEATH

Suffolk
(County)
Winterville
(City or Town)
No. Fort Banks Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

85

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Joseph T. Cimino
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran? *Global*
If so specify WAR)

(a) Residence. No. 3 Paris Place E. Boston Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution *Hospital* years months / days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Single*

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife If alive years

7 IF STILLBORN, enter that fact here.

8 AGE *40* Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: *Soldier*

10 Industry or Business: *United States Army*

11 Social Security No. *none*

12 BIRTHPLACE (City) *New York City*
(State or country) *N.Y.*

13 NAME OF FATHER *Eugene Cimino*

14 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)

15 MAIDEN NAME OF MOTHER *Nicola Pellegrino*

16 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)

17 Informant *Nicola Bartolomeo* Relation, if any
(Address) *81 Manor St E.B.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chulakess
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *4/14/43* (Date of Issue of Permit)

18 DATE OF DEATH *April - 12 - 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

*Fractured Skull
Lacerated Brain
Traumatic Intracranial Hemorrhage*

20 Accident, suicide, or homicide (specify) *?*

Date of occurrence *4/11 - 1943*

Where did Injury occur? *Boston*
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? *street* (Specify type of place)

Manner of Injury *Said to have fallen on street
during scuffle with a man at*

Nature of Injury *E. Boston 4/11-1943*

While at work? Was there an autopsy? *yes*

21 Was disease or injury in any way related to occupation of deceased?

If so, specify *Dr. J. Brickley M.D.*

(Signed) *Boston* (Address) *April - 12 - 1943*

22 *Holy Cross* (Malden)
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *April 15 - 1943*

23 NAME OF FUNERAL DIRECTOR *Frederick J. Magrath*

ADDRESS *East Boston*

Received and filed *APR 14 1943* 19

(Registrar) *X*

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated interal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

86

Registered No.

1 PLACE OF DEATH *Suffolk* (County)
Wintthrop (City or Town)
No. *158 Highland Ave.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Margaret Agnes Caffrey*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. *158 Highland Ave.* St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution *None* years months days. In this community *20* yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) *No*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Widowed*
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of *John Patrick Caffrey*
(Husband's name in full)

6 Age of husband or wife if alive *deceased* years

7 IF STILLBORN, enter that fact here.

8 AGE *70* Years Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: *at home*

10 Industry or Business: *None*

11 Social Security No. *None*

12 BIRTHPLACE (City) *Canton*
(State or country) *Mass*

13 NAME OF FATHER *Jeremiah*

14 BIRTHPLACE OF FATHER (City) *Randolph*
(State or country) *Mass.*

15 MAIDEN NAME OF MOTHER *Catherine Carlin*

16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

PARENTS

17 Informant *Margaret Caffrey* (Address) *158 Highland Ave.*
(Signature of Agent of Board of Health or other)
Wm. S. Childress
(Official Designation) (Date of Issue of Permit) *4/14/43*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 13 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 11, 19*43* to *April 13*, 19*43*
I last saw him alive on *April 13*, 19*43* death is said to
have occurred on the date stated above, at *4:45 P.M.*

Immediate cause of death *Cerebral hemorrhage* Duration *2 days*

Due to *arterio-sclerosis*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *Dr. Frank Murphy*, M. D.
(Address) *115 Stoughton Ave.* Date *4/16* 19*43*

21 Place of Burial, Cremation or Removal *Canton* (City or Town)
DATE OF BURIAL *April 16* 19*43*

22 NAME OF FUNERAL DIRECTOR *Richard O. Rely*
ADDRESS *Boston*

Received and filed *APR 14 1943* 19

Duration

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139, No. 8427-d

1 PLACE OF DEATH { Suffolk (County) Winthrop (City or Town) Winthrop Community Hospital (Wheeler) No. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Alice Bird (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence. No. 356 Beach St., Revere St. Revere (Usual place of abode) Length of stay: In hospital or institution hospital years months 7 days. In this community yrs. mos. days. (Specify whether)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 87

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married or DIVORCED

6a If married, widowed, or divorced Walter H. Bird HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years — Months — Days If less than 1 day Hours — Minutes

9 Usual Occupation: Housewife Industry: At home 10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Scituate (State or country) Mass

13 NAME OF FATHER Wheeler

14 BIRTHPLACE OF FATHER (City) — (State or country)

15 MAIDEN NAME OF MOTHER —

16 BIRTHPLACE OF MOTHER (City) — (State or country)

17 Mr. Walter Bird Relation, if any husband Information (Address) 356 Beach St. Revere, Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 14 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 4/9, 1943, to 4/14, 1943
I last saw him alive on 4/12, 1943, death is said to have occurred on the date stated above, at 8:10 A.M. Duration 7 days
Immediate cause of death acute cholecystitis
abdominal carcinomatosis 3 yrs.
Due to Cancer of the ovaries 3 yrs.
Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: acute cholecystitis
abdominal carcinomatosis Date of 4/10/43
Of autopsy —
What test confirmed diagnosis? Lat. & Sp.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Frank J. Dunbar M. D.
(Address) Revere, Mass. Date 4/14 1943
Edgewood Cemetery, Nashua, N.H.

21 Place of Burial, Cremation or Removal (City or Town) —
DATE OF BURIAL April 17, 1943 1943

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin
ADDRESS 305 Beach St., Revere, Mass

PHYSICIAN

Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/17/43 (Date of Issue of Permit)

Received and filed APR 22 1943 1943
A TRUE COPY ATTEST: (Registrar) X

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication, which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

88

Registered No.

PLACE OF DEATH

Suffolk (County)
Winthrop (City or Town)
No. *Winthrop Community Hospital* St.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jacob Glass
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

14 Addison St.

Chelsea Mass.
(If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether)

years months *5* days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*
MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of *Charlotte Smith*
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive *40* years

7 IF STILLBORN, enter that fact here.

8 AGE *43* Years - Months - Days If less than 1 day Hours Minutes

9 Occupation: *Truckman*

10 Industry or Business: *Transportation*

11 Social Security No. *029-10-9279*

12 BIRTHPLACE (City) *Boston* (State or country) *Mass.*

13 NAME OF FATHER *David Glass*

14 BIRTHPLACE OF FATHER (City) *Russia* (State or country)

15 MAIDEN NAME OF MOTHER *Etta Rabinovitz*

16 BIRTHPLACE OF MOTHER (City) *Russia* (State or country)

17 Informant *Charlotte Glass* Relation, if any *wife*

(Address) *14 Addison St. Chelsea*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Signature of Agent or other *Wm. D. Lechilgren*

(Official Designation) *148* (Date of issue of Permit) *April 16/43*

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH *April 16 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *April 10*, 19*43*, to *April 13*, 19*43*
I last saw him alive on *April 10*, 19*43* death is said to have occurred on the date stated above, at *11 A.M.*

Immediate cause of death *stroke*

Due to *Coronary thrombosis*

Due to *Diabetes mellitus*

Other conditions *15 years*
(Include pregnancy within 3 months of death)

Major findings:
Of operations *none*

Of autopsy *none*

What test confirmed diagnosis? *none*

Date of *April 16 1943*

Of test confirmed diagnosis? *none*

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *William Shadler*

(Signed) *Wm. Shadler* M. D.

(Address) *151 Washington Ave. Chelsea* Date *4-16-43* 19*43*

21 Place of Burial, Cremation or Removal *Beeth Israel Cem - Everett* (City or Town)

DATE OF BURIAL *April 18* 19*43*

22 NAME OF FUNERAL DIRECTOR *T. J. Funeral Home*

ADDRESS *151 Washington Ave. Chelsea*

Received and filed *APR 22 1943*

A TRUE COPY ATTEST: (Registrar) *X*

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

301 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 89

Suffolk

(County)

Winthrop

(City or Town)

No. 82 Putnam St.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charles Orlando Ford

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 82 Putnam St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 75 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

18 DATE OF DEATH April 17 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced Ethelda Newell
HUSBAND of (Give maiden name if deceased)
(or) WIFE of Ethel Ida Newell
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from April 1, 1942, to April 17, 1943.

I last saw him alive on Apr. 12, 1943, death is said to

have occurred on the date stated above, at 8:40 a.m.

Immediate cause of death Broncho-pneumonia
(terminal)

Duration

IMPORTANT

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 3 Months 5 Days | If less than 1 day Hours Minutes

Usual Occupation: Farmer (Retired)

Due to Hypertensive Heart Disease

Industry or Business: Own Farm

Due to Coronary atherosclerosis

11 Social Security No. None

12 BIRTHPLACE (City) Pennbrook
(State or country) Mass.

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations: Underline the cause to which death should be charged statistically.

13 NAME OF FATHER Charles R Ford

14 BIRTHPLACE OF FATHER (City) Pennbrook
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Ellen Drake

16 BIRTHPLACE OF MOTHER (City) Pennbrook
(State or country) Mass.

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Howard S. Reynolds M. D.
(Address) 148 Winthrop St. Date 4/17/1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 20, 1943

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed 19

APR 22 1943

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/20/43 (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall he accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of nuly such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 90

PLACE OF DEATH

Suffolk
(County)

Wendeham Mass
(City or Town)

No. 36 Madison ave Wendeham Mass St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Ernest May Sr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Madison ave Wendeham St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution X years X months X days.
(Before death) (Specify whether)

In this community 23 yrs. mos. days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Maria (James) May (deceased)
(Give maiden name of wife in full)
(or) WIFE of Edward Ernest May Sr.
(Husband's name in full)

6 Age of husband or wife if alive 81 years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 6 Months 6 Days If less than 1 day
Hours Minutes

Usual Occupation: Carpenter (Retired)

Industry or Business: Carpenter for self

11 Social Security No. none

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER William May

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER unavailable to obtain

16 BIRTHPLACE OF MOTHER (City) " " "
(State or country)

PARENTS

17 Informant Edward E. May Jr. (Relation, if any) Son
(Address) 36 Madison ave, Wendeham Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childs
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/27/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 26 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 19, 1943, to April 26, 1943

I last saw him alive on April 25, 1943, death is said to

have occurred on the date stated above, at 830 A m.

Immediate cause of death.

Duration

IMPORTANT

Chronic Myocarditis

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Louis F. Salerno M. D.
(Address) 175 Pleasant St. Date April 20, 1943

21 Wendeham Cemetery Wendeham Mass
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 28 1943

22 NAME OF FUNERAL DIRECTOR C. E. P. Bennequin
ADDRESS Wendeham Mass

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

see hospital

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 91

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FEMALE SHEEHAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 43 TEWKSBURY ST
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 1 days.
(Before death) (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE Years Months Days If less than 1 day 4 Hours 6 Minutes
9 Occupation:
10 Industry or Business:
11 Social Security No.
12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts
13 NAME OF FATHER Michael J. Sheehan
14 BIRTHPLACE OF FATHER (City) Taunton (State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Christine Winters
16 BIRTHPLACE OF MOTHER (City) South Boston (State or country) Massachusetts

PARENTS

17 Informant Michael J. Sheehan (Father) (Address) 43 Tewksbury St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/30/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 28, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 27, 1943, to April 27, 1943
I last saw her alive on April 27, 1943, death is said to have occurred on the date stated above, at 8:30 m.
Immediate cause of death Prematurity
Due to premature delivery (months factor)
Due to acute infection (pyelitis) of mother
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Date of Of autopsy none
What test confirmed diagnosis? Clinical Signs

Duration 6 mos

IMPORTANT

1 week

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify Daniel J. O'Brien, M. D.
(Signed) Winthrop, Mass. Date April 29, 1943
(Address)

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 30 1943

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed MAY 8 1943 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.


SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Suffolk County

Winthrop (City or Town)

No. 4 Highland Ave



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**MEDICAL EXAMINER'S
CERTIFICATE OF DEATH**

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 92

2 FULL NAME Michael Joseph Anglin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 65 Cox Hill Belfast Ireland
(Usual place of abode)

Length of stay: In hospital or institution _____ years _____ months _____ days
(Before death) (Specify whether)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN—IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) _____

(If nonresident, give city or town and State)

In this community _____ yrs. _____ mos. _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
---------------	--------------------------	--

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 20 Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes

9 Usual Occupation: Sailor

10 Industry or Business: British S. S. & Mercantile

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Belfast Ireland

PARENTS

13 NAME OF FATHER unknown

14 BIRTHPLACE OF FATHER (City) (State or country) unknown

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) unknown

17 Informant James A. Brannen VICE Relation, if any
(Address) British Consulate Boston

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April - 29 - 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Flame Burns of Body & Extremities

20 Accident, suicide, or homicide (specify)
Presumably accidental
Date of occurrence April - 29 - 1943
Where did injury occur? Winthrop
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Garage
(Specify type of place)

Manner of Injury Found dead in a burning
Nature of Injury auto in a garage

While at work? X Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? -
If so, specify John X. Nickley Jr D, M. D.
(Signed) Boston April - 30 - 1943
(Address)

22 Woodlawn Cemetery Everett Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 1 1943

23 NAME OF FUNERAL DIRECTOR D. H. Brannen & Son
ADDRESS 376 Mass. Ave. Arlington

Received and filed MAY 5 1943 19

(Registrar of City or town where deceased resided)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

ADRIAN E. CRAMPTON
(Signature of Agent of Board of Health or other)

APR 30 1943
(Official Designation) (Date of Issue of Permit)

BOSTON HEALTH DEPT.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....
.....
.....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHChelsea
(City or town making return)

93

Registered No. 232

PLACE OF DEATH
1

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Raymond A. Knapp
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR) World
I(a) Residence. No. 5 Irwin St. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution. Hospital years months 26 In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Ellen Cooper
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 42 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 6 Months 17 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Civil EngineerIndustry
10 or Business: none

11 Social Security No. Newburyport

12 BIRTHPLACE (City)
(State or country) Mass.

13 NAME OF FATHER Carroll S. Knapp

14 BIRTHPLACE OF FATHER (City) Maine
(State or country)

15 MAIDEN NAME OF MOTHER Maribel Clarke

16 BIRTHPLACE OF MOTHER (City) New Hampshire
(State or country)17 Informant. Hospital Records (Relation, if any)
(Address)

A TRUE COPY. Joseph A. Pyrell

ATTEST: (Registrar of city or town where death occurred) City Clerk

DATE FILED Apr. 2, 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 2, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Mar. 3, 1943 to Apr. 2, 1943
I last saw him alive on Apr. 2, 1943 death is said to
have occurred on the date stated above, at 9:18 a.m. DurationImmediate cause of death: Carcinoma of bladder, about
Chronic cystitis & formation 2 yrs
of calcium deposits

Due to abscess of abdominal wall 1 week

Other conditions.
(Include pregnancy within 3 months of death)

Physician

Major findings: abscess of abdominal wall
Of operations Date of 3/30/43Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy Phys. Exam. &

What test confirmed diagnosis? Exploration

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis J. Rudiger M. D.
(Address) Sold. Home Chelsea Date 4/29 4321 PLACE OF BURIAL, Oak Grove Cem., Gloucester
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Apr. 5, 1943 19

22 NAME OF FUNERAL DIRECTOR Albert Douglas
ADDRESS Wash. Av., Chelsea

Received and filed MAY 13 1943 19

(Registrar of City or Town where deceased resided)



PARENTS



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

94

Registered No. 240

PLACE OF DEATH
1

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Miles Dauley
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 24 Hawthorne Av. St. Winthrop, Mass. War I
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months 8 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of Elizabeth Sullivan
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 0 Months 18 Days | If less than 1 day Hours Minutes

9 Occupation: Plumber

Industry or Business:

11 Social Security No. unknown

12 BIRTHPLACE (City) Willow Point
(State or country) New York13 NAME OF FATHER Miles Dauley
14 BIRTHPLACE OF FATHER (City) East Worcester
(State or country) New York15 MAIDEN NAME OF MOTHER Lucinda Race
16 BIRTHPLACE OF MOTHER (City) East Worcester
(State or country) New York

17 Informant (Address) Hosp., Records Sold. Home Hosp., (Chelsea) Relation, If any

A TRUE COPY.

ATTEST:

DATE FILED

Apr. 5, 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Mar. 23 1943 to Apr. 5, 1943
I last saw him on Apr. 5, 1943 death is said to have occurred on the date stated above, at 2:25 a.m.

Duration

Immediate cause of death left lobar pneumonia right bronchopneumonia 12 das

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Physician

Major findings: Of operations Date of Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? Clinical x-ray
20 Was disease or injury in any way related to occupation of deceased? no.If so, specify
(Signed) Manfred Kydan M. D.
(Address) Sold. Home, Chelsea Date 4/5 194321 PLACE OF BURIAL, Winthrop Cem. Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Apr. 7, 1943

22 NAME OF FUNERAL DIRECTOR Chas. R. Bennison
ADDRESS 170 Winthrop St., Winthrop

Received and filed MAY 13 1943 19

(Registrar of City or Town where deceased resided)

PARENTS



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

95

Registered No.

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

2 FULL NAME Annie C. Meinhardt (Beattie) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)(a) Residence No. 57 Townsend St. Winthrop, Mass. (If nonresident, give city or town and State)Length of stay: In hospital or institution..... years 4 months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) wid.
MARRIED
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Charles Meinhardt (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 92 Years.....Months.....Days | If less than 1 day
Hours.....MinutesUsual Occupation: at homeIndustry
10 or Business:11 Social Security No. none12 BIRTHPLACE (City) London
(State or country) England13 NAME OF FATHER David H. Beattie14 BIRTHPLACE OF FATHER (City) England
(State or country)15 MAIDEN NAME OF MOTHER Annie Wardrobe16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED April 20 19 4318 DATE OF DEATH April 14 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Dec. 12, 1942, to April 14, 1943I last saw her alive on April 14, 1943 death is said to
have occurred on the date stated above, at 7:40 p.m.

Immediate cause of death..... Duration

Chronic Myocarditis 1 yr.
Generalized arteriosclerosis 15 yrs.

Due to.....

Due to.....

Other conditions..... Physician
(Include pregnancy within 3 months of death)Major findings:
Of operations..... Underline the cause to which death should be charged statistically.

Date of.....

Of autopsy.....

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Leo Maletz, M. D.(Address) Hathorne, Mass. Date 4/16/4321 PLACE OF BURIAL Woodlawn Cemetery,
CREMATION OR REMOVAL Everett, Mass.
(Cemetery) (City or Town)DATE OF BURIAL April 17 19 4322 NAME OF FUNERAL DIRECTOR John T. WhiteADDRESS E. Boston, Mass.Received and filed MAY 13 1943 19

(Registrar of City or Town where deceased resided)



Suffolk

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 96270

PLACE OF DEATH

Chelsea

(City or Town)

U.S. Naval Hospital

No. Henry J. Lane

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (If deceased is a married, widowed, divorced, or single, give also maiden name.)

(If U.S. War Veteran, specify, V.A.S.) World 1

(a) Residence, No. (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) Married

18 DATE OF DEATH April 20, 1943 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Sarah Macquarrie (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

19 I H April 19, 1943, that I attended deceased from April 20, 1943, in 19 Apr. 20, 1943, 5:49 A.M. death is said to

6 Age of husband or wife if alive years

I last saw h. alive on 5:49 A.M. death is said to

7 IF STILLBORN, enter that fact here.

have occurred on the date stated above, at

8 AGE 50 Years 6 Months 19 Days If less than 1 day Hours Minutes

Immediate cause of death

9 Occupation: Usual Variety Store

Peritonitis

10 Industry or Business:

Gastric ulcer, ruptured

11 Social Security No. Boston, Mass.

Due to

12 BIRTHPLACE (City) (State or country) Thomas

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Date clinical

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify F.G. Balch, Comdr (MC) (V(S))

(Signed) USNHosp. Chelsea 4/20 M. D.

(Address) Winthrop Com. Winthrop, Mass.

21 PLACE OF BURIAL, CREMATION OR REMOVAL April 23, 1943 (Cemetery) (City or Town)

DATE OF BURIAL White Funeral Home

22 NAME OF FUNERAL DIRECTOR 147 Winthrop St. Winthrop

ADDRESS

Resolved and filed MAY 13 1943 19

(Registrar of City or Town where deceased resided)

A TRUE COPY.

ATTEST: Joseph A. Pyne (Registrar of city or town where death occurred)

DATE FILED Apr. 22, 1943 19



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

97

Registered No.

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Marie A. Stokes (Graeser)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

26 years4 months 18 days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCEDfemalewhitemarried

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George L. Stokes

(Husband's name in full)

6 Age of husband or wife if alive cannot be learned years

7 IF STILLBORN, enter that fact here.

8 72 Years.....Months.....Days | If less than 1 day
AGE.....Hours.....Minutes

Usual

9 Occupation: housewife

Industry

10 or Business:

11 Social Security No. none12 BIRTHPLACE (City)
(State or country) Germany13 NAME OF
FATHER Joseph Graeser14 BIRTHPLACE OF
FATHER (City)
(State or country) Germany15 MAIDEN NAME
OF MOTHER Anna Jager16 BIRTHPLACE OF
MOTHER (City)
(State or country) Germany17 Informant (Address) Mary K. McPhillips (Relation, if any)
Hathorne, Mass.

A TRUE COPY.

ATTEST: [Signature]

(Registrar of city or town where death occurred)

DATE FILED

April 261943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHApril221943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 1, 1934, to April 22, 1943I last saw her alive on April 22, 1943, death is said to
have occurred on the date stated above, at 6:00 a.m.

Duration

Immediate cause of death

Cerebral hemorrhage4 daysDiabetes Mellitus3 1/2 yrs

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Physician

Major findings:
Of operations.....Underline
the cause to
which death
should be
charged statistically.

Date of.....

Of autopsy.....

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

Leo Maletz

(Signed).....

Hathorne, Mass. Date 4/23, 1943

(Address).....

21 PLACE OF BURIAL, St. Pleasant Cemetery
CREMATION OR REMOVAL Arlington, Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL April 24, 194322 NAME OF
FUNERAL DIRECTOR L. Brooks SavilleADDRESS Arlington, Mass.

Received and filed

19MAY 13 1943
(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

98

Registered No.

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie F. Murphy (Ring)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 104 Highland Avenue

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution.....
(Before death) (Specify whether)

years 5 months 10 days.

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED wid.

female

white

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edward F. Murphy
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years.....Months.....Days | If less than 1 day
Hours.....Minutes

Usual

9 Occupation: housewife

Industry

10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF

FATHER

John Ring

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME

OF MOTHER

Julia Horrigan

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

17 Informant Mary K. McPhillips (Relation, if any)

(Address)

Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 5

19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April

28

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 18, 1942, to April 28, 1943I last saw her alive on April 28, 1943, death is said to
have occurred on the date stated above, at 8:45 a.m.

Duration

Immediate cause of death.....

Bronchopneumonia

2 wks.

Chronic Myocarditis

5 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

Leo Maletz

(Signed)

Hathorne, Mass.

Date 4/30, 1943 M. P.

(Address)

21 PLACE OF BURIAL Holy Cross Cemetery,

CREMATION OR REMOVAL

Malden, Mass.

(Cemetery)

(City or Town)

DATE OF BURIAL

May 1

19 43

22 NAME OF

FUNERAL DIRECTOR

Frederick J. Nagrath

ADDRESS

Boston, Mass.

Received and filed.....

19

MAY 13 1943

(Registrar of City or Town where deceased resided)



Cause of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4607

1 PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)
No. Mass. General Hospital



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)
Registered No. 4397

2 FULL NAME William J. Carroll
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 21 Paine St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX M	4 COLOR OR RACE W	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			
6 Age of husband or wife if alive years			
7 IF STILLBORN, enter that fact here.			
8 AGE 63 Years Months Days If less than 1 day Hours Minutes			
9 Occupation: Usual Retired			
10 Industry or Business: Folder Cotton Mill			
11 Social Security No. -----			
12 BIRTHPLACE (City) Lewiston (State or country) Maine			
13 NAME OF FATHER Patrick Carroll			
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			
15 MAIDEN NAME OF MOTHER -----			
16 BIRTHPLACE OF MOTHER (City) ----- (State or country)			
17 Informant Gerald McCarthy (Relation, if any) (Address)			

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 4 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 30 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Bilateral Pneumonia

Aortic Aneurism

Recent Fractures Both Bones Rt. Lower Leg

20 Accident, suicide, or homicide (specify) Accident
Date of occurrence Feb. 15 1943

Where did injury occur? Winthrop
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of Injury Fell accidentally at his home on

Nature of Injury February 15, 1943

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify W. J. Brickley
(Signed) Boston M. D.
(Address) Date 4-30 19 43

22 Winthrop Cem. Winthrop, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 3 19 43

23 NAME OF FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop

Received and filed 19

MAY 11 1943

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 100

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 252 Winthrop Shore Drive

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Annie J. (Driscoll) Brady

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 252 Winthrop Shore Drive
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death) (Specify whether)

years months days.

In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of George P. Brady
(Give maiden name of wife in full)

(or) WIFE of George P. Brady
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 73
AGE _____ Years _____ Months _____ Days | If less than 1 day
_____ Hours _____ Minutes

Usual Occupation: Housewife

Industry
10 or Business: Own Home

11 Social Security No. _____

12 BIRTHPLACE (City)
(State or country) Ireland

13 NAME OF
FATHER Daniel Driscoll

14 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland

15 MAIDEN NAME
OF MOTHER Mary Henshon

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland

17 Informant, Annie Brady (Daughter)
(Address) 252 Winthrop Shore Drive

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH May - 6 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 1, 1943, to May 6, 1943.

I last saw him alive on May 6, 1943, death is said to
have occurred on the date stated above, at 3:30 P m.

Immediate cause of death.

Coronary Thrombosis

Due to arterio Sclerosis

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Edward J. Grayson M. D.
(Address) 200 W. 42nd St. N.Y.C. Date May 7, 1943.

21 Holy Cross Malden Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 10, 1943 19____

22 NAME OF
FUNERAL DIRECTOR John P. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed May 8 1943 19____

(Registrar)

Duration

IMPORTANT

18 hours

years

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same.... General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

6/9/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

101

Registered No.

1 PLACE OF DEATH
Suffolk (County)
East Boston (City or Town)
No. Winthrop Community Hosp. St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Frank B. Greer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 93 Trenton St. East Boston Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 2 weeks years months days. In this community 64 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Married
or WIDOWED or DIVORCED

5a If married, widowed or divorced
HUSBAND of Alvin H. Flynn
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: County Officer

10 Industry or Business: Charles St. Jail

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER Andrew Greer

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine (unknown)

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Mrs. Alvin H. Greer (Address) 93 Trenton St. E.B. Relation, if any (wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/8/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 7, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1943, to May 7, 1943
I last saw him alive on May 7, 1943, death is said to have occurred on the date stated above, at 4 a.m.

Immediate cause of death

Acute Pulmonary edema
Due to Chronic Myocarditis
6 hrs.

Due to Cancer of Prostate and Liver.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Cancer of Prostate
Of operations

Of autopsy line Date of 5/7/43

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Surge. H. Schwartz

(Signed) 19 Avenue Ave. B. Date 5/8, 1943 M. D.

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL May 10, 1943

22 NAME OF FUNERAL DIRECTOR R. C. Kivley

ADDRESS Boston

Received and filed MAY 10 1943

(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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SPACE FOR ADDITIONAL INFORMATION

<p>1 PLACE OF DEATH Suffolk (County) Wintthrop (City or Town) Fort Banks</p>		<p>OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent. 102 Registered No.</p>	
<p>No. _____</p>		<p>St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) # 2</p>	
<p>2 FULL NAME <u>Walter A Konitsney</u> (If deceased is a married, widowed or divorced woman give also maiden name)</p>		<p>(a) Residence. No. <u>821</u> <u>21st</u> <u>Ambridge</u> <u>Penna</u> (Usual place of abode) (If nonresident, give city or town and State)</p>		<p>Length of stay: In hospital or institution _____ years _____ months _____ days. (Before death) (Specify whether) In this community _____ yrs. _____ mos. _____ days.</p>	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>single</u>	18 DATE OF DEATH <u>May 11</u> <u>1943</u> (Month) (Day) (Year)	19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <u>Asphyxiation by hanging</u> <u>Acute psychosis</u>	
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			20 Accident, suicide, or homicide (specify) <u>suicide</u> Date of occurrence <u>May 11</u> <u>1943</u>		
6 Age of husband or wife if alive _____ years			Where did Injury occur? <u>Wintthrop</u> (City or town and State)		
7 IF STILLBORN, enter that fact here. _____			Did Injury occur in or about home, on farm, in industrial place, or in public place? _____ (Specify type of place)		
8 AGE <u>37</u> Years _____ Months _____ Days If less than 1 day Hours _____ Minutes			Manner of Injury _____		
9 Usual Occupation: <u>U.S. ARMY</u>			Nature of Injury _____		
10 Industry or Business: _____			While at work? _____ Was there an autopsy? _____		
11 Social Security No. _____			21 Was disease or Injury in any way related to occupation of deceased? _____		
12 BIRTHPLACE (City) <u>Mt Pleasant Pa.</u> (State or country)			If so, specify (Signed) <u>W A Walter</u> M. D. (Address) <u>Boston</u> Date <u>May 12 1943</u>		
13 NAME OF FATHER <u>Stanley Konitsney</u>			22 <u>Ambridge</u> <u>Penna</u> Place of Burial, Cremation or Removal. (City or Town)		
14 BIRTHPLACE OF FATHER (City) <u>Poland</u> (State or country)			DATE OF BURIAL <u>May 15</u> <u>1943</u>		
15 MOTHER NAME OF MOTHER <u>Harriet Konitsney</u>			23 NAME OF FUNERAL DIRECTOR <u>Murray + Murray</u> ADDRESS <u>254 Beach St Revel</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Poland</u> (State or country)			Received and filed <u>MAY 18 1943</u> 19		
17 Informant <u>Stanley Konitsney</u> (Address) <u>821 21st Ambridge Penna</u> (Signature of Agent of Board of Health or other) <u>Walter A. Konitsney</u> (Official Designation) <u>Health Officer</u> (Date of Issue of Permit) <u>5/13/43</u>					

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute thereof, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 11 Pearl Avenue



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 103

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Barnet Diamond
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Pearl Avenue
 (Usual place of abode)

St. Winthrop
 (If nonresident, give city or town and State)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR) No

Length of stay: In hospital or institution years months days.
 (Before death) (Specify whether) In this community 24 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED Married
 WIDOWED or DIVORCED

5a If married, widowed, or divorced
 HUSBAND of Mary Andelman
 (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Machinist

Industry
 10 or Business: Retired

11 Social Security No. none

12 BIRTHPLACE (City) Russia
 (State or country)

13 NAME OF
 FATHER Osher Diamond

14 BIRTHPLACE OF
 FATHER (City) Russia
 (State or country)

15 MAIDEN NAME
 OF MOTHER Rose-cannot be learned

16 BIRTHPLACE OF
 MOTHER (City) Russia
 (State or country)

17 Informant Mary Diamond (Relation, if any)
 (Address) 11 Pearl Ave., Winthrop (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)

Health Officer 5/14/43
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14, 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 Dec 1942 to May 1943

I last saw him alive on 5/14/1943 death is said to
 have occurred on the date stated above, at 11:00 A.M.

Immediate cause of death..... Duration

Metastatic Carcinoma
 Due to Carcinoma of Tongue 1 1/2 yrs.
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations Carcinoma of Tongue
 Date of 1941

Of autopsy no
 What test confirmed diagnosis? Biopsy

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify Charles Liberman

(Signed) M. D.
 (Address) 26 Wane Way Ave Date 5/14/1943

21 Pride of Boston Cem. Woburn
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 14, 1943

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky
 ADDRESS 10 Washington St., Dorchester

Received and filed..... 19.....

MAY 18 1943

(Registrar)

X

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent:

Registered No. 104

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 104 Highland Ave



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Harriett A Foss
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran, YES
if so specify WAR)

(a) Residence, No. 104 Highland Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days In this community 10 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED widowed
or DIVORCED

18 DATE OF DEATH May 16 1943
(Month) (Day) (Year)

5a If married, widowed or divorced
HUSBAND of Alfred Foss
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 15, 1942 to May 16, 1943
I last saw h. & r. alive on May 15, 1943, death is said to
have occurred on the date stated above, at 2 PM m.

6 Age of husband or wife if alive years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

8 AGE 97 Years Months Days If less than 1 day
Hours Minutes

Duration
IMPORTANT
5-6 PM

Usual
9 Occupation: at home

Due to Senility

Industry
10 or Business:

Due to

11 Social Security No. None

Other conditions.
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Rye Beach
(State or country) N. H.

Major findings:
Of operations none

13 NAME OF FATHER Louis L. Lamoreux

Date of

14 BIRTHPLACE OF FATHER (City) N. H.
(State or country)

Of autopsy none

15 MAIDEN NAME OF MOTHER Levina Parsons

What test confirmed diagnosis Clinical Signs

16 BIRTHPLACE OF MOTHER (City) N. H.
(State or country)

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

17 Informant (Address) William H. H. (Relation, if any)
Winthrop

(Signed) M. D.
(Address) 10 Winthrop St. Winthrop, N. H. Date May 13, 1943

21 Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 19 1943

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR W. H. H.
ADDRESS 10 Winthrop St. Winthrop

(Signature of Agent of Board of Health or other)
Health officer 5/18/43
(Official Designation) (Date of Issue of Permit)

Received and filed MAY 13 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

1 PLACE OF DEATH

Medford
Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 105

2 FULL NAME Josephine Mazzarella
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 167 Park St.
(Usual place of abode)

St. Medford
(If nonresident, give city or town and State)

Length of stay: in hospital or institution..... years months 17 days.
(Before death) (Specify whether) In this community 27 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Frank Mazzarella
(Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Usual House work

10 or Business: Industry at home

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Italy

13 NAME OF FATHER Paolo Boncoraggio

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Pasqualina
Pasquale Bonaiuto

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant Frank Mazzarella (Relation, if any)
(Address) 167 Park St. Medford (husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/18/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 16 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Apr 29 1943, to May 16 1943
I last saw her alive on May 16 1943 death is said to
have occurred on the date stated above, at 9:25 P.m.

Immediate cause of death: Uremia
Due to Left Pyonephrosis
& Left Pyelonephritis
Duration 4 mos.
1 wk.
1 year
1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pyonephrosis & Stones
Of operations: Left Kidney Date of 5/3/43
Of autopsy: _____
What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) D. S. Patis M. D.
(Address) 7 Central St. Boston 5/17 1943

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 19 1943

22 NAME OF FUNERAL DIRECTOR
ADDRESS 9 Chelsea Street East Boston

Received and filed MAY 13 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medial officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. **106**

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Marie J. Racca (Simonelli)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 19 Revere St

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether)

years

months 2

days

In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDDED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Louis A. Racca

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days If less than 1 day

Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

Own Home

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF

FATHER

Cannot be learned

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Cannot be learned

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17 Informant

(Address)

Sandy Racca

Relation (if any)

19 Revere St Winthrop

son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 10, 1943, to May 19, 1943

I last saw her alive on May 15, 1943 death is said to

have occurred on the date stated above, at 7:50 a.m.

Immediate cause of death

Pneumonia

Duration

IMPORTANT

May 16/43

Due to

Pneumonia

May 13/43

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Report Clinical Path

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased If so, specify

(Signed) Sandy Racca, M. D. (Address) 19 Revere St Winthrop, Mass. 1943

21 Holy Cross

Malden

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL May 21, 1943

22 NAME OF

FUNERAL DIRECTOR

ADDRESS Winthrop Mass.

Received and filed MAY 21 1943

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **107**

PLACE OF DEATH

Suffolk
(County)*Winthrop Mass*
(City or Town)No. *7 Woodside Park Winthrop Mass* St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Olive Kati Tasker (Richardson)*
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. *7 Woodside Park Winthrop* St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution *2* years *1* months *1* days.
(Before death) (Specify whether) In this community *35* yrs. mos. days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

Married
MARRIED
WIDOWED
or DIVORCED18 DATE OF
DEATH*May 20 1943*
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of *Eli. Brewster Tasker*
(Husband's name in full)6 Age of husband or wife if alive *92* years

7 IF STILLBORN, enter that fact here.

8 AGE *83* Years *11* Months *20* Days If less than 1 day
Hours Minutes9 Occupation: *Homemaker*

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) *Portland Maine*13 NAME OF
FATHER *Joseph Richardson*14 BIRTHPLACE OF
FATHER (City)
(State or country) *Portland Maine*15 MAIDEN NAME
OF MOTHER *Julia Rice*16 BIRTHPLACE OF
MOTHER (City)
(State or country) *Portland Maine*

PARENTS

17 Informant
(Address) *C.R.B. Tasker*
7 Woodside Park Winthrop Mass

Relation, if any

*Husband*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Wm. S. Childress*
(Signature of Agent of Board of Health or other)*Health Officer* *5/31/43*
(Official Designation) (Date of Issue of Permit)19 I HEREBY CERTIFY, That I attended deceased from
19 to *19*I last saw h..... alive on *19*, death is said to
have occurred on the date stated above, at.....m.

Immediate cause of death

*Had heart attack 5 wks.
apparently died of rupture
Due to influenza
arteriosclerosis
Due to stroke by m.s.*

Duration

IMPORTANT

Other conditions

(Include pregnancy within 3 months of death)

on Board of Health

IMPORTANT

Major findings:
Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed)

(Address) *Winthrop Mass* Date *20-1943* M. D.21 *Pine Hill Cemetery, Dover, N.H.*
Place of Burial, Cremation or Removal. (City or Town)DATE OF BURIAL *May 22* 19*43*

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

C.R. Benjamin
Winthrop Mass

Received and filed

19

MAY 21 1943

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physiolans will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 100

PLACE OF DEATH

(County) Lewiston(City or Town) WinthropNo. 51 Sunnyside AveSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Annie Chisholm

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 51 Sunnyside Ave

(Usual place of abode)

St. _____

(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____
(Before death) (Specify whether)

years

months

days

In this community

yrs. 2 mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

18 DATE OF
DEATHMay211943

(Month)

(Day)

(Year)

FemaleWhiteWidowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name Wife in full)

(or) WIFE of

Lemuel Chisholm
(Husband's name in full)

6 Age of husband or wife if alive

Deceased

years

7 IF STILLBORN, enter that fact here.

8

AGE

74

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

At Home

Industry

10 or Business:

At Home11 Social Security No. None12 BIRTHPLACE (City)
(State or country)Portland
Maine13 NAME OF
FATHERJames Wallace14 BIRTHPLACE OF
FATHER (City)Glasgow

(State or country)

Scotland15 MAIDEN NAME
OF MOTHERMary Christie16 BIRTHPLACE OF
MOTHER (City)Portland

(State or country)

Maine

17

Informant
(Address)Mrs. C. Hamilton (Daughter)
51 Sunnyside Ave Winthrop

(Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Chisholm

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/24/4319 I HEREBY CERTIFY, That I attended deceased from
Feb. 22, 1943, to May 21, 1943I last saw her alive on May 17, 1943, death is said tohave occurred on the date stated above, at 1/15 A. m.

Immediate cause of death

Duration

IMPORTANT

Due to

Arterio sclerosis3 yrs.

Due to

Chronic myocarditis
Cerebral hemorrhage3 yrs.5 days.

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged statistically.20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Edmund F. Moran
664 Barnington St. Boston

M. D.

Date

May 221943

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

May 241943

22 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS

Boston

Received and filed

MAY 25 1943

19

(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 109

PLACE OF DEATH

Lifford
(County)
Boston
(City or Town)

No. 81 Sunnyside ave Wrentham St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Paggi (If deceased in a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 81 Sunnyside ave St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community 15 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed or divorced HUSBAND of Minnie (unknown) (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: bartender

10 Industry or Business: retired

11 Social Security No. None

12 BIRTHPLACE (City) Boston (State or country)

13 NAME OF FATHER unknown

14 BIRTHPLACE OF FATHER (City) Spain (State or country)

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) Spain (State or country)

17 Informant G. Hamilton Relation, if any (Address) Wrentham, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/24/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan, 1942, to May 22, 1943. I last saw him alive on May 22, 1943, death is said to have occurred on the date stated above, at 7:45 A.M.

Immediate cause of death Coronary Disease Duration 4 days IMPORTANT

Due to Myocardial Infarction Chronic 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) G. D. Balle, M. D. (Address) 305 Chelsea St. B.S. Date May 22 1943

21 Wrentham Cemetery Wrentham Place of Burial, Cremation or Removal (City or Town) May 25 1943 DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR Wrentham & Wrentham

Received and filed MAY 25 1943 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4667

1 PLACE OF DEATH

South Hallowell
(County)
Winthrop
(City or Town)

No.

Fort Banks

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Lloyd H. McLaughlin

(a) Residence, No.

(Usual place of abode)

Woodland

St.

Maine

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE *21* Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Captain

Industry

10 or Business:

U S Army

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Dalbelle

Maine

13 NAME OF FATHER

Henry C. McLaughlin

14 BIRTHPLACE OF FATHER (City)

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Beatrice Maude

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

PARENTS

17

Informant

(Address)

U. S. Army

(Relation, if any)

Fort Banks

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

6/24/43

The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

110

Registered No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

(Was deceased a *World*
U. S. War Veteran,
If so specify WAR) *#2*

St.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May

29

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death

of the person above-named and that the CAUSE AND MANNER thereof

are as follows: (If an injury was involved, state fully.)

*Shock & In the event of a marriage
fracture base of skull*

20 Accident, suicide, or homicide (specify)

Accident

Date of occurrence

19

Where did

injury occur?

Somerville

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

(Specify type of place)

Manner of

injury

Struck by auto

Nature of

injury

While at work?

Was there an autopsy?

Yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Blatter

M. D.

(Address)

May 29

19 *43*

22

Place of Burial, Cremation or Removal.

(City or Town)

Woodland

Maine

DATE OF BURIAL

May 26

19 *43*

23 NAME OF FUNERAL DIRECTOR

ADDRESS

Murray & Murray

254 Beach St. Revue

Received and filed

MAY 25 1943

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

50m (e)-1-41-4607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

RUTLAND

(City or town making return)

WORCESTER

(County)

RUTLAND

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No. 102111

No. Rutland State Sanatorium

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Abram Samuel Wingersky
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence, No. 164 Court Road St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution Sanatorium years months 24 days. In this community yrs. mos. 24 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED18 DATE OF DEATH May 23, 1943
(Month) (Day) (Year)5a If married, widowed, or divorced Florence Huse
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
April 30, 1943, to May 23, 1943
I last saw him alive on May 23, 1943, death is said to
have occurred on the date stated above, at 11:45 P.M.
Duration

6 Age of husband or wife if alive years

Immediate cause of death
Pulmonary oedema

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 3 Months - Days | If less than 1 day
Hours Minutes

Due to Pulmonary tuberculosis

Usual
9 Occupation: Physician

Due to Diabetes mellitus

Industry
10 or Business:

Other conditions (Include pregnancy within 3 months of death)

11 Social Security No.

12 BIRTHPLACE (City) Boston, Mass.
(State or country)Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? X-ray & laboratory
20 Was disease or injury in any way related to occupation of deceased?
If so, specify George Attenhaus M. D.
(Signed) Rutland, Mass. Date 5/23 1943
(Address)

13 NAME OF FATHER Samuel Wingersky

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Carolyn Simon

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)17 Informant George Wingersky Relation, if any
(Address) 60 Sagamore Ave. Winthrop (Son)21 PLACE OF BURIAL Forest Hills Crem. Boston
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL May 26, 1943 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

A TRUE COPY.

ATTEST: Frances C. Hanff
(Registrar of city or town where death occurred)

DATE FILED May 24, 1943 19



UNIVERSITY OF CHICAGO

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4667

PARENTS

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 131 Court Road	2 FULL NAME Edith C. Gluckler (Colley) (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. 131 Court Rd. (Usual place of abode) Length of stay: In hospital or institution..... years months days. (Before death) (Specify whether)	3 SEX Female	4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	6 Age of husband or wife if alive..... years 7 IF STILLBORN, enter that fact here. 8 AGE 56 Years 8 Months 7 Days If less than 1 day Hours Minutes	18 DATE OF DEATH May 24 1943 (Month) (Day) (Year)	19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Asphyxiation by suffocation gas presumably accidental
9 Occupation: House Wife Industry Own Home 10 or Business: None	11 Social Security No. 12 BIRTHPLACE (City) Winthrop (State or country) Mass	20 Accident, suicide, or homicide (specify) Date of occurrence..... 19 Where did Injury occur?	21 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... W. H. Walter, M. D. (Signed) (Address) Date May 25 1943
13 NAME OF FATHER Herbert Colley 14 BIRTHPLACE OF FATHER (City) Portland (State or country) Maine	15 MAIDEN NAME OF MOTHER Helen Snow 16 BIRTHPLACE OF MOTHER (City) Marblehead (State or country) Mass.	22 Winthrop Cem. Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL May 27 1943	23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop, Mass.
17 Informant Edward Gluckler (Husband) (Address) 131 Court Rd. Winthrop Mass. I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 5/26/43 (Date of Issue of Permit)	Received and filed..... 19..... MAY 27 1943 (Registrar) ✓		

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

112

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX
Female

4 COLOR OR RACE
White

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
Married

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of Edward Gluckler
(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 8 Months 7 Days | If less than 1 day
Hours Minutes

9 Occupation: House Wife

Industry Own Home

10 or Business: None

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

13 NAME OF FATHER
Herbert Colley

14 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine

15 MAIDEN NAME OF MOTHER
Helen Snow

16 BIRTHPLACE OF MOTHER (City) Marblehead
(State or country) Mass.

17 Informant Edward Gluckler (Husband)
(Address) 131 Court Rd. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
5/26/43 (Date of Issue of Permit)

18 DATE OF DEATH
May 24 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxiation by suffocation
gas presumably accidental

20 Accident, suicide, or homicide (specify)

Date of occurrence..... 19

Where did Injury occur?

Did Injury occur in or about home, on farm, in industrial place, or in public place?

Manner of Injury

Nature of Injury

While at work?..... Was there an autopsy?.....

21 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W. H. Walter, M. D.

(Address) Date May 25 1943

22 Winthrop Cem. Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 27 1943

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed..... 19.....

MAY 27 1943

(Registrar) ✓

(Registrar) ✓

(Official Designation)

(Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gss bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....
.....
.....
.....
.....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

BOSTON NOTIFIED

6/9/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 113

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Station Hospital, Fort Banks, Mass.St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Arthur Stewart Andrews

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 51 Garfield Ave.

(Usual place of abode)

St. Hyde Park, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 15 min.

(Before death) (Specify whether)

In this community 0 yrs. 0 mos. 0 days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) World War I.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Porto Rican 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of ---
(Give maiden name of wife in full)
(or) WIFE of ---
(Husband's name in full)

6 Age of husband or wife if alive --- years7 IF STILLBORN, enter that fact here. ---

8 AGE 55 Years 7 Months 23 Days | If less than 1 day
Hours --- Minutes

Usual
9 Occupation: Engineering Aide.

Industry
10 or Business: Engineer

11 Social Security No. ---

12 BIRTHPLACE (City) Hyde Park, Boston,
(State or country) Massachusetts.

PARENTS

13 NAME OF
FATHER Jacob R. Andrews

14 BIRTHPLACE OF
FATHER (City) Philadelphia
(State or country) Penn

15 MAIDEN NAME
OF MOTHER Marrietta Gray

16 BIRTHPLACE OF
MOTHER (City) Norfolk
(State or country) Virginia

17 Informant Joseph C. Andrews (Relation, if any
(Address) 51 Garfield Ave., Hyde Park, Mass. brother.)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/26/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 25 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 25, 1943, to May 25, 1943.

I last saw him alive on May 25, 1943, death is said to
have occurred on the date stated above, at 5:20 p.m.

Immediate cause of death Acute coronary
thrombosis.

Duration
IMPORTANT
20 min.

Due to Chronic myocarditis (patient 2 Yrs.
has been observed at this hospital
for previous coronary attacks
during past 2 years.)

Other conditions ---
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations ---

Physician

Date of ---Of autopsy not doneWhat test confirmed diagnosis? E.K.G.

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify ---

(Signed) Dr. J. C. Andrews Dr. J. C. M. D.
(Address) Fort Banks, Mass. Date May 25, 1943

21 Fairview Boston, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 29th 1943

22 NAME OF FUNERAL DIRECTOR W. J. H. Pearson
ADDRESS Hyde Park, Mass.

Received and filed MAY 27 1943 19

(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent afore-said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Exact statement of OCCURRENCE is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (U)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 111

PLACE OF DEATH

No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.....
(Before death) (Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

13 NAME OF
FATHER

14 BIRTHPLACE OF
FATHER (City)
(State or country)

15 MAIDEN NAME
OF MOTHER

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

17 Informant
(Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

May 27, 1943, to May 27, 1943

I last saw h. Still born, 19, death is said to

have occurred on the date stated above at 7:15 P.M.

Immediate cause of death

Still born
(died in utero)

Duration

IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis? Clinical Signs

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. C. J. D. M. D.

(Address) Wintthrop, Mass. Date Nov 28, 1943

21 Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

19

JUN 1 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 33, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, athenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of illness or disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-BB55

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 17 Bartlett Parkway



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 115

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ida May (Faust) Miller

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 17 Bartlett Parkway

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 18 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Neilis J Miller

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 1 Months 27 Days | If less than 1 day
Hours Minutes

Usual

9 Occupation:

Housewife

10 Industry
or Business:

At Home

11 Social Security No.

None

12 BIRTHPLACE (City)
(State or country)

East Boston
Mass.

13 NAME OF
FATHER

Unable to obtain

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Unable to obtain

15 MAIDEN NAME
OF MOTHER

Unable to obtain

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Unable to obtain

17 Informant
(Address)

Albert Dodson

Reside, If any

17 Bartlett Parkway

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 31 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 30, 1943, to May 31, 1943

I last saw her alive on May 31, 1943, death is said to

have occurred on the date stated above, at 4:10 P. M.

Immediate cause of death

Coronary Thrombosis

Due to

Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Winthrop, Mass. Date May 31, 1943

21 Winthrop

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

June 3

1943

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

19

JUN 1 1943

(Registrar)

IMPORTANT
Sudden
5 years

IMPORTANT
Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

BOSTON NOTIFIED
6/9/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 116

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. Station Hospital, Fort Banks, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME JOHN TIMOTHY SCULLY
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 17 Virgil Road
(Usual place of abode)St. West Roxbury, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months 2 days.
(Before death) (Specify whether)In this community 0 yrs. 0 mos. 0 days.

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR.) yes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Single
MARRIED
WIDOWED
OR DIVORCED5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. --8 AGE 33 Years 1 Months 20 Days | If less than 1 day
..... Hours Minutes9 Occupation: SoldierIndustry
10 or Business: U. S. Army11 Social Security No. Unknown12 BIRTHPLACE (City) Boston, Massachusetts
(State or country)

PARENTS

13 NAME OF FATHER Michael F. Scully14 BIRTHPLACE OF FATHER (City) Boston, Massachusetts
(State or country)15 MAIDEN NAME OF MOTHER Grace Rockwood16 BIRTHPLACE OF MOTHER (City) Boston, Massachusetts
(State or country)17 Informant Helen Mullaney (Address) 17 Virgil Rd. Boston Relation, if any sister

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/1/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MAY 31, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from May 29, 1943, to May 31, 1943.I last saw him alive on May 31, 1943 death is said to have occurred on the date stated above, at 7:58 pm.Immediate cause of death Bilateral lobar and broncho pneumonia. Duration 2 daysDue to --Due to --Other conditions --
(Include pregnancy within 3 months of death)Major findings:
Of operations --1. Bilateral lobar and broncho pneumonia. 2. Edema of brain.
Of autopsy pneumonia
What test confirmed diagnosis?20 Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) George R. Alpert M. D.
(Address) Fort Banks, Mass. Date May 31 194321 New Calverton Boston
Place of Burial, Cremation or Removal. (City or Town)DATE OF BURIAL June 4 194322 NAME OF FUNERAL DIRECTOR Murray & Murray
ADDRESS 254 Beal St. RevereReceived and filed JUN 1 1943 19

(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

COPY OF
CERTIFICATE OF DEATHRegistered No. 4713 **117**Suffolk
(County)Boston
(City or Town)

No. Carney Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Patrick J. O'Hara
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 34 Brookfield Road St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution. Hospital years months 1 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED5a If married, widowed, or divorced, HUSBAND of Florence M. Monahan
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 40 years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Merchant

Industry or Business: Fish

11 Social Security No. 013-07-3755

12 BIRTHPLACE (City) Dublin
(State or country) Ireland

13 NAME OF FATHER William O'Hara

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Ellen Smart

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant (Address) (Relation, if any) (wife)

A TRUE COPY.

ATTEST: Francis J. Gay
(Registrar of city or town where death occurred)

DATE FILED May 12 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 8 1943
(Month) (Day) (Year) pronounced dead19 I HEREBY CERTIFY, That I attended-deceased from
on May 8, 19 43, to, 19I last saw him alive on, 19, death is said to
have occurred on the date stated above, at 8.10 a. m.

Immediate cause of death. Coronary occlusion

Due to Arteriosclerotic heart disease ? yrs.

Due to

Other conditions. (Include pregnancy within 3 months of death) Physician

Major findings: Of operations. Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis Hist. & Clin. signs

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. P. Sullivan, M. D.
(Address) Carney Hospital Date 5-8 19 4321 PLACE OF BURIAL, Winthrop Cem. Winthrop, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 11 19 43

22 NAME OF FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop

Received and filed Jun 1 1943 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

5239

Registered No.

No. Beth Israel Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Monte Cohen { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 79 Cliff Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months 7 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

18 DATE OF DEATH May 24 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
May 18, 19 43 to May 24, 19 43.
I last saw him alive on May 24, 19 43 death is said to
have occurred on the date stated above, at 9.10 p.m. Duration

6 Age of husband or wife if alive years

Immediate cause of death.....
Leukemia 2 yrs.

7 IF STILLBORN, enter that fact here.

8 AGE 28 Years..... Months..... Days If less than 1 day
Hours..... Minutes

Due to.....

Usual
9 Occupation: Clerk

Due to.....

Industry
10 or Business: ---

11 Social Security No. 032-03-3238

Other conditions.....
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Boston
(State or country) Mass.

Physician

13 NAME OF FATHER Jacob Cohen

Major findings:
Of operations.....
Date of.....
Leukemic bone marrow; Gas bacillus
Of autopsy..... infection
Underline the cause to which death should be charged statistically.

14 BIRTHPLACE OF FATHER (City)
(State or country) Russia

What test confirmed diagnosis Gross exam of liver no
20 Was disease or injury in any way related to occupation of deceased?.....

15 MAIDEN NAME OF MOTHER Jennie Abrams

If so, specify.....

16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

(Signed) T. Saak, M. D.
(Address) 330 B'line Ave. Date 5-25-1943

17 Informant (Address) (Relation, if any) Father

21 PLACE OF BURIAL, Ansha Polin Woburn, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 26 19 43

A TRUE COPY Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

22 NAME OF FUNERAL DIRECTOR J. H. Levine
ADDRESS Boston

Received and filed May 1-1-1943 19

(Registrar of City or Town where deceased resided)

DATE FILED May 28 19 43



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

119
5277

Registered No.

Suffolk

(County)

BOSTON

(City or Town)

No. Carney Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Albert F. Welch
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 90 Circuit Road St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution Hosp. years months 9 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed, or divorced
HUSBAND of Rose M. Altomare
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 30 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: SalesmanIndustry
10 or Business: Neckwear

11 Social Security No. 028-01-6787

12 BIRTHPLACE (City) East Boston
(State or country) Mass.13 NAME OF
FATHER Thomas H. Welch14 BIRTHPLACE OF
FATHER (City) East Boston
(State or country) Mass.15 MAIDEN NAME
OF MOTHER Elizabeth L. Griffin16 BIRTHPLACE OF
MOTHER (City) East Boston
(State or country) Mass.17 Informant (Address) (Relation, if any)
wife

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED June 1 1943

18 DATE OF
DEATH May 26 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 17, 1943, to May 26, 1943
I last saw him alive on May 26, 1943, death is said to
have occurred on the date stated above, at 1:25 p.m.Immediate cause of death
Arterio Sclerotic heart in
decompensation Duration 2 mos

Due to Uremia 9 das

Due to Cardio Renal disease 3 yrs

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations
Date of
Of autopsy none
Underline
the cause to
which death
should be
charged sta-
tistically.

What test confirmed diagnosis? Clin & Lab work

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify.(Signed) A. F. Sullivan M. D.
(Address) Carney Hospital Date 5-26-194321 PLACE OF BURIAL, Winthrop Cem Winthrop,
CREMATION OR REMOVAL (Cemetery) (City or town)
May 29 1943

DATE OF BURIAL

22 NAME OF
FUNERAL DIRECTOR J. F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed June 1 1943 19

(Registrar of City or Town where deceased resided)



Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

873

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth Kenneally

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Cliff House

Winthrop

(a) Residence, No.
(Usual place of abode)St.
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days | If less than 1 day Hours Minutes

Usual Occupation: retired

Industry: maid

10 or Business: none

11 Social Security No. Boston

12 BIRTHPLACE (City) Mass.
(State or country) David Kenneally

13 NAME OF FATHER Boston

14 BIRTHPLACE OF FATHER (City) Mass.

(State or country) Katherine Murphy

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant: Mr. H Dudley Murphy Cousin
(Address) 12 Summit Rd Lexington Mass

A TRUE COPY.

May 29, 1943

ATTEST: (Registrar of city or town where death occurred)

DATE FILED JUN 14 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 27, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from May 1, 1943 to May 27, 1943
I last saw him alive on May 26, 1943 death is said to have occurred on the date stated above, at 4:15 p.m. Duration

Immediate cause of death Chronic Arthritis & Hypertension 3 yrs

Due to Arterio Sclerosis 5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy no

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Daniel MacKillop

(Signed) Date of 5/27 M. D. 43

(Address) Cambridge

21 PLACE OF BURIAL, Holy Cross Cem. Malden

CREMATION OR REMOVAL May 29, 1943 (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Joany E Shea

ADDRESS 323 Broadway Camb.

Received and filed 19

JUN 14 1943

(Registrar of City or Town where deceased resided)



JUN 14 1943 AM

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON
(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 5418 **121**

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. The Boston Floating Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jacqueline Magee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 340 Winthrop St. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 1 years 1 months 1 days. In this community yrs. mos. 1 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

18 DATE OF DEATH May 29 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
May 28, 1943, to May 29, 1943.
I last saw her alive on May 29, 1943 death is said to
have occurred on the date stated above, at 1.30 p.m. Duration

6 Age of husband or wife if alive 1 years

Immediate cause of death
Congenital atelectasis 1 day

7 IF STILLBORN, enter that fact here.

8 AGE 1 Years 26 Months 26 Days 26 Hours 26 Minutes
(If less than 1 day)

Due to Prematurity 1 day

9 Usual Occupation: None

Due to

10 Industry or Business: None

Other conditions
(Include pregnancy within 3 months of death)

11 Social Security No. none

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

Major findings:
Of operations no
Date of no
Of autopsy no
What test confirmed diagnosis? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify C. H. Hollis M. D.
(Signed) Boston
(Address) 5-31 Date 19 43

21 PLACE OF BURIAL St. Michael's
CREMATION OR REMOVAL (Cemetery) (City or Town) June 1 19 43

DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR C. H. Treanor
ADDRESS Boston

Received and filed 19

June 1 1943
(Registrar of City or Town where deceased resided)

17 Informant (Father) Relation, if any
(Address)

A TRUE COPY Francis J. Gay
ATTEST: (Registrar of city or town where death occurred)
June 3 19 43

DATE FILED June 3 19 43

PARENTS

13 NAME OF FATHER John Magee

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Eleanor Annis

16 BIRTHPLACE OF MOTHER (City) Madison
(State or country) Wisconsin



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 122

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Devlin Esdaille

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Coral Ave

(Usual place of abode)

St.

Length of stay: In hospital or institution

(Specify whether)

years

months 14

days

(If nonresident, give city or town and state)

In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James N. Esdaille

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years — Months — DaysIf less than 1 day
Hours — Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

Own Home

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

John Devlin

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Charity McGafferty

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant J. Newton Esdaille

Relation, if any

(Address)

40 Coral Ave.

()

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. D. Childers
(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Jan 1, 1943, to June 1, 1943last saw her alive on June 1, 1943 death is saidto have occurred on the date stated above, at 8 P m.

Immediate cause of death

Indistinctly CircumstancesDue to Circumstances

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. M. D.(Address) Winthrop WinthropDATE OF BURIAL June 4 1943

21 Place of Burial, Cremation or Removal (City or Town)

22 NAME OF FUNERAL DIRECTOR John H. MoleyADDRESS Winthrop

Received and filed

A TRUE COPY ATTEST:

(Registrar)

19

JUN 7 1943

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .

Gen. Laws, Chap. 46, Sec. 9.

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSBOSTON
(City or town making return)COPY OF
CERTIFICATE OF DEATHRegistered No. 5528 **123**

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Jewish Memorial Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Morris Annapolsky
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 105 Almont St. Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution hospital years 1 months 20 days. In this community yrs. 1 mos. 20 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Married5a If married, widowed, or divorced HUSBAND of Ida Berman
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation: Painter

Industry or Business: For himself

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

PARENTS

13 NAME OF FATHER Abraham Annapolsky

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Leah ----

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant (Address) (Relation, if any) wife

A TRUE COPY. Francis J. Gay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 7 19 43

18 DATE OF DEATH June 3 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from April 13, 19 43 to June 3, 19 43
I last saw him alive on June 2, 19 43, death is said to have occurred on the date stated above, at 12.40 p.m.Immediate cause of death. Duration
Bronchopneumonia (terminal) 5 days

Due to

Due to left hemiplegia due to 6 yrs
cerebral hemorrhageOther conditions. General arteriosclerosis many yrs.
(Include pregnancy within 3 months of death) and prostatic hypertrophy

Major findings: Of operations. Date of. Physician Underline the cause to which death should be charged statistically.

Of autopsy. clinical

What test confirmed diagnosis? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify.(Signed) M. Gerstein M. D.
(Address) Boston Date 6-3 19 4321 PLACE OF BURIAL Winthrop Cem. Everett, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL June 4 19 43

22 NAME OF FUNERAL DIRECTOR J. H. Levine
ADDRESS Boston

Received and filed June 3 1943 19

(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

50m (c)-1-41-4667



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

BOSTON NOTIFIED
7/9/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

124

Registered No.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital, Inc. St. {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John F.

Finn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

379 Lovell St., East Boston St. Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive.....years

7 IF STILLBORN, enter that fact here.

8 AGE.....Years.....Months.....Days.....Hours.....Minutes

Usual

9 Occupation: None

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop

(State or country) Mass.

13 NAME OF FATHER

Bernard Finn

14 BIRTHPLACE OF FATHER (City)

Charlestown

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Rita Neough

16 BIRTHPLACE OF MOTHER (City)

Chelsea

(State or country)

Mass.

17 Informant (Address) Bernard J. Finn

Relation, if any

379 Lovell St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

9

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from June 9, 1943, to June 9, 1943

I last saw him alive on June 9, 1943, death is said

to have occurred on the date stated above, at 10:30 p.m.

Immediate cause of death.....

Toxemia 12 hrs

Due to 8 month gestation

Due to mild toxemia pregnancy

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Schaffa M. D.

(Address) 1903 Centre St. Date June 9, 1943

21 Holy Cross, Malden

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 8, 1943

22 NAME OF FUNERAL DIRECTOR Fredrick J. Magrath

ADDRESS East Boston

Received and filed JUN 14 1943

19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .
Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **125**

PLACE OF DEATH

Suffolk
(County)

Wintrop
(City or Town)

No. **33 Bay View Ave**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **John A. Shea**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **33 Bay View Ave**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community **10** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed or divorced
HUSBAND of **Mildred Jacobson**
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive **45** years

7 IF STILLBORN, enter that fact here.

8 **52** Years Months Days | If less than 1 day
AGE Hours Minutes

Usual
9 Occupation: **Bookkeeper**

Industry
10 or Business: **Rapid Transit**

11 Social Security No. **023-10-6759**

12 BIRTHPLACE (City)
(State or country) **Charlestown Mass**

PARENTS

13 NAME OF
FATHER **Michael Shea**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Ireland**

15 MAIDEN NAME
OF MOTHER **Hanna Sullivan**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Ireland**

17 Informant **Mildred Shea** (Relation, if any)
(Address) **33 Bay View Ave**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) **6/14/43**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **June 13 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 15, 1942, to June 13, 1943
I last saw him alive on **June 11, 1943**, death is said to
have occurred on the date stated above, at **11:30 p.m.**

Immediate cause of death. **Cerebral infarct** Duration **1**

Due to **Cerebral infarct** **IMPORTANT**

Due to

Due to

Other conditions. **—**
(Include pregnancy within 3 months of death)

Major findings: **—** Physician **—**
Of operations. **—**

Date of **—**

Of autopsy. **—**

What test confirmed diagnosis? **—**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **—**

(Signed) **—** M. D.
(Address) **Holy Cross Malden** Date **6-14-1943**

21 Place of Burial, Cremation or Removal. (City or Town)
—

DATE OF BURIAL **June 16 1943**

22 NAME OF
FUNERAL DIRECTOR **John F. O'Malley**

ADDRESS **Winthrop**

Received and filed **—** 19 **—**

JUN 14 1943

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body, and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

126

Registered No.

No. 102 Bay View Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

Ada Emma Mac Donald

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

(Usual place of abode)

102 Bay View Ave

St.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Before death)

(Specify whether)

years

months

+ days

In this community

yrs. 3 mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

John Mac Donald

(or) WIFE of

(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive

64

years

7 IF STILLBORN, enter that fact here.

8

AGE

62

Years

2

Months

11

Days

If less than 1 day

Hours

Minutes

Usual

Occupation:

St Home

Industry

10 or Business:

Own Home

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

New Brunswick

13 NAME OF

FATHER

Loran Timney

14 BIRTHPLACE OF

FATHER (City)

(State or country)

St Stephen

N.B.

15 MAIDEN NAME

OF MOTHER

French

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

New Brunswick

17 Informant

(Address)

Timothy Kearney
102 Bay View Ave
WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF

DEATH

June 14 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1, 1943, to June 14, 1943

I last saw her alive on June 14, 1943

death is said to have occurred on the date stated above, at 11:50 A.M.

Immediate cause of death

Carcinoma of left breast

Duration

IMPORTANT

6 mos

Due to

General Carcinomatous

2 mos

Due to

Other conditions

none

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

carcinoma of left breast

Date of

Of autopsy

none

What test confirmed diagnosis?

clinical & path

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

(Address)

Date

June 14, 1943

21

Place of burial, cremation or removal.

(City or Town)

DATE OF BURIAL

June 17

1943

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

37 Maple St Malden Mass

Received and filed

19

JUN 17 1943 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **127**

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **Station Hospital, Fort Banks, Mass.**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **CHARLES C. MANSOLILLO**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **137 Hanover Street**
(Usual place of abode)

St. **Providence, R. I.**
(If nonresident, give city or town and State)

Length of stay: In hospital or institution **0** years **1** months **29** days. In this community **0** yrs. **0** mos. **0** days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a **war**
U. S. War Veteran,
if so specify WAR) **#2**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Single**
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive **21** years **2** months **20** days

7 IF STILLBORN, enter that fact here.

8 AGE **21** Years **2** Months **20** Days | If less than 1 day
Hours Minutes

9 Usual Occupation: **Soldier**

10 Industry or Business: **U. S. Army**

11 Social Security No. **Unknown**

12 BIRTHPLACE (City) **Providence**
(State or country) **Rhode Island**

13 NAME OF FATHER **Giovanni Mansolillo**

14 BIRTHPLACE OF FATHER (City) **Panni**
(State or country) **Italy**

15 MAIDEN NAME OF MOTHER **Grazia Grasso**

16 BIRTHPLACE OF MOTHER (City) **Panni**
(State or country) **Italy**

17 Informant **U. S. Army** (Relation, if any)
(Address) **Station Hospital, Ft Banks, Mass.**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Death or Health or other
Health Officer) **6/18/43**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **June 16, 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 18, 1943, to June 16, 1943
I last saw him alive on **June 16, 1943**, death is held to

have occurred on the date stated above, at **10:00** pm.

Immediate cause of death **Peritonitis, general-
ized, with multiple abscesses and
extensive adhesions.**

Due to **Perforation of the intestine** 29 days

Due to **Volvulus**

Other conditions **Extreme emaciation**
(Include pregnancy within 3 months of death)

Major findings: **Peritonitis**

Of operations: **See Above** Date of **Apr. 18/43**

Of autopsy **See Above**

What test confirmed diagnosis? **—**

20 Was disease or injury in any way related to occupation of deceased? **NO**
If so, specify **S. B. BEASER**

(Signed) **S. B. BEASER, Captain, M.C.**, M. D.
(Address) **Fort Banks, Mass.** Date **June 17, 1943**

21 Place of Burial, Cremation or Removal **Providence, Rhode Island**
(City or Town)
DATE OF BURIAL **June 20, 1943**

22 NAME OF FUNERAL DIRECTOR **Mum, Mum**
ADDRESS **254 Beach St. Providence**

Received and filed **JUN 21 1943** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 128

1 PLACE OF DEATH
 Suffolk (County)
 North (City or Town)
 No. 93 Grove Ave Woburn
 2 FULL NAME Frank A. Kuhns
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 93 Grove Ave.
 (Usual place of abode)
 Length of stay: In hospital or institution Home 8 years
 (Before death) (Specify whether) months days. In this community 3 yrs. mos. days.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
 5a If married, widowed or divorced HUSBAND of Marie L. Besarick (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)
 6 Age of husband or wife if alive 55 years
 7 IF STILLBORN, enter that fact here.
 8 AGE 59 Years Months Days | If less than 1 day Hours Minutes
 9 Occupation: Accountant
 Industry or Business:
 11 Social Security No.
 12 BIRTHPLACE (City) Boston (State or country) Mass
 13 NAME OF FATHER Joseph T. Kuhns
 14 BIRTHPLACE OF FATHER (City) Lowell (State or country) Maine
 15 MAIDEN NAME OF MOTHER Maria T. Volmer
 16 BIRTHPLACE OF MOTHER (City) Germany (State or country)
 17 Informant (Address) Marie L. Kuhns (Relation, if any) wife
 93 Grove Ave Woburn

PARENTS

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. S. Childers
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation)
 6/18/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 17 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 11, 1943, to June 17, 1943
 last saw him alive on June 16, 1943, death is said to have occurred on the date stated above, at 5:30 a.m.

Immediate cause of death: coronary infarct
 Due to myocardial infarct
 Duration 6 days
 IMPORTANT

Due to
 Other conditions: (Include pregnancy within 3 months of death)
 IMPORTANT

Major findings: Of operations: Date of: Of autopsy: What test confirmed diagnosis?
 Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify: (Signed) J. J. Hughes M. D.
 (Address) 100 State St. Boston, Mass. Date 6-17-43
 21 Place of Burial, Cremation or Removal: Cedar Grove Cem. Boston, Mass. (City or Town)
 DATE OF BURIAL June 19 1943

22 NAME OF FUNERAL DIRECTOR: Juby Bras
 ADDRESS: 212 North St. Woburn, Mass.

Received and filed: JUN 21 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

129

Registered No.

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. 237 Endicott Ave. Hillside Home St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John L. Jones
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 124 River Rd.
(Usual place of abode)

Conv. Home

St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution. years months 24 days. In this community 43 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED5a If married, widowed or divorced HUSBAND of Mary E. MacNerven
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 4 Months 4 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Market Man (Retired)

10 Industry or Business: Wholesale Market

11 Social Security No. Nova Scotia

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER John Jones
Baddeck,14 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country) Isabella MacLilan

15 MAIDEN NAME OF MOTHER Baddeck,

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country) Mary E. Jones Wife17 Informant. 124 River Rd., Winthrop, Mass.
(Address)

A TRUE COPY.

ATTEST: Reta M. Bishop
(Registrar of city or town where death occurred)

DATE FILED June 23, 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 18, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY That attended deceased from March 1, 1943 June 18, 1943
I last saw him alive on June 16, 1943 death is said to have occurred on the date stated above, at 7:00 A. m. Duration

Myocarditis 2 mos

Paralysis Agitans 4 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify C. F. Mahoney

(Signed) C. F. Mahoney 6/18/43
(Address) Winthrop, Mass. Date 1921 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(City or Town)DATE OF BURIAL June 20, 1943
Howard S. Reynolds22 NAME OF FUNERAL HOME Winthrop, Mass.
ADDRESS

Received and filed JUL 7, 1943 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

130

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Revere
(City or Town)
No. Hillside Rest Home



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Bridget Ryan (Kelleher)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 59 Winthrop St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Rest Home years 9 months days. In this community 3 yrs. -- mos. -- days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a. If married, widowed, or divorced
HUSBAND of Give maiden name of wife in full
(or) WIFE of Martin Ryan
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 -- Months -- Days If less than 1 day
AGE Years Hours Minutes

Usual
9 Occupation: Housewife

Industry Own Home
10 or Business: None

11 Social Security No. Boston, Massachusetts

12 BIRTHPLACE (City) Massachusetts
(State or country)

13 NAME OF FATHER Michael Kelleher

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country) (Cannot be learned)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant, Margaret Ryan Daughter
(Address) 59 Winthrop St., Winthrop

A TRUE COPY. Reta M. Bishop

ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 23, 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 1, 1942 to June 30, 1943
I last saw him alive on June 18, 1943 death is said to
have occurred on the date stated above, at 11:30 A. m. Duration

Immediate cause of death: Myocarditis (Unknown)?

Arterio Sclerosis 2 yrs.
Pernicious Anemia 2 yrs.

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of
Of autopsy
Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Mahoney
(Address) Winthrop, Mass. Date 6/20/43

21 PLACE OF BURIAL, St. Joseph's, Boston
CREMATION OR REMOVAL June 22, (City or Town)

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Mass.

Received and filed JUL 7 1943 19

(Registrar of City or Town where deceased resided)



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 121

2 FULL NAME Annie Grace

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Neptune Rd.

(Usual place of abode)

St. East Boston, Mass.

(If nonresident, give city or town and state)

length of stay: In hospital or institution Hosp.

years

months 5

days

In this community 47 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

Michael Grace

(Give maiden name of wife in full)
(Husband's name in full)

(or) WIFE of

6 Age of husband or wife if alive 79 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. none

12 BIRTHPLACE (City) St. John's
(State or country) Newfoundland

13 NAME OF FATHER John Crotty

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Johanna Ryan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Michael Grace Relation if any husband
(Address) 16 Neptune Rd., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/14/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 22, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 17, 1943, to June 22, 1943

I last saw him alive on June 22, 1943, death is said to have occurred on the date stated above, at 9:30 a.m.

Immediate cause of death

Due to Acute Pulmonary edema 6/24/43

Due to Chronic Myocarditis 2/1/42

Other conditions Gangrene of Left Hand 6/17/43
(Include pregnancy within 3 months of death)

Major findings: Gangrene of Left Hand

Of operations Date of June 17, 43

Of autopsy none

What test confirmed diagnosis? L

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George H. Schwartz M. D.

(Address) 19 Pinecroft St. E. B. Date 6/22/43

21 Holy Cross, Malden
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 25, 1943 19

22 NAME OF FUNERAL DIRECTOR B. C. Leahy
ADDRESS Boston

Received and filed JUN 24 1943 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Milton

(City or town making return)

Registered No. 132

PLACE OF DEATH

Norfolk

(County)

Milton

(City or Town)

No. 35 Winthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Esther Task

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR) no

(a) Residence. No. 33 Tewksbury

St. Winthrop, Mass.

(Usual place of abode)

Length of stay: In hospital or institution..... years months days.
(Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Louis Task
(Husband's name in full)

6 Age of husband or wife if alive. 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years -- Months -- Days If less than 1 day
Hours Minutes

9 Occupation: Usual Housewife

10 Industry or Business: Own home

11 Social Security No. none

12 BIRTHPLACE (City) Brooklyn, N. Y.
(State or country)

13 NAME OF FATHER Abraham Abrams

14 BIRTHPLACE OF FATHER (City) Poland
(State or country)

15 MAIDEN NAME OF MOTHER Bertha Blond

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)17 Informant. Louis Task (husband)
(Address) 33 Tewksbury St., Winthrop

A TRUE COPY.

ATTEST:

G. FRANK KEMP
(Registrar of city or town where death occurred)

DATE FILED JUNE 22, 1943

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 22, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from
June 18, 1943, to June 22, 1943I last saw her alive on June 22, 1943, death is said
to have occurred on the date stated above, at 9:00 a.m. DurationImmediate cause of death
Acute dilation of the heart

Due to Chronic myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel C. Zundell M. D.
(Address) 332 Blue Hill Ave. 6/28/4321 PLACE OF BURIAL, CREMATION OR REMOVAL Knights of Liberty
(Cemetery) Montvale

DATE OF BURIAL June 24, 1943 19

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St., Brookline

Received and filed JUN 23 1943 19

(Registrar of City or Town where deceased resided)

PARENTS





The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **133**

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **15 South Ave**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Ellen M. Marlow Phelan**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No **15 South Ave.**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community **4** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Female

White

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

Richard B. Phelan

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **67** years Months Days | If less than 1 day
Hours Minutes

Usual

9 Occupation: **Housewife**

Industry

10 or Business: **Own Home**

11 Social Security No.

12 BIRTHPLACE (City) **Woburn**

(State or country) **Mass**

13 NAME OF

FATHER

Daniel Marlow

14 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME

OF MOTHER

Bridget Hagan

16 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

17 Informant **Mrs Charles Barry** (Relation, if any)
(Address) **15 South Ave**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childers

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

June 26/43
(Date of Issue of Permit)

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 15, 1943 to **June 26, 1943**

last saw him alive on **June 25, 1943**, death is said to

have occurred on the date stated above, at **2 A** m.

Immediate cause of death

metastatic carcinoma

Duration

IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? ..
If so, specify

(Signed)

(Address)

M. D.

Date **6-26-1943**

21 **Forest Glade Wakefield**

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

June 28 1943

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and filed

19

JUN 28 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(8) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apophysis, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **134**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **104 Highland Ave**



(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME **John Gaughan**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) **None**

(a) Residence, No. **104 Highland Ave**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution **At Home** years months days. In this community **10** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Single**

15 DATE OF DEATH **June 28 1943**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
June 25 1943, to **June 28 1943**
I last saw him alive on **June 28 1943**, death is said to
have occurred on the date stated above, at **2.00 A.M.**

6 Age of husband or wife if alive years

Immediate cause of death **Heart**

Duration
IMPORTANT
3 days

7 IF STILLBORN, enter that fact here.

8 AGE **86** Years **8** Months **14** Days If less than 1 day
Hours Minutes

Due to **Hypertensive Cardio Renal disease**

9 Occupation: **Retired**

Due to **Extensive atherosclerosis**

10 Industry or Business: **Farmer**

11 Social Security No. **None**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) **New York City**
(State or country) **New York**

IMPORTANT

13 NAME OF FATHER **Stephen J. Gaughan**

Major findings:
Of operations

Physician

14 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

Date of

Underline
the cause to
which death
should be
charged sta-
tistically.

15 MAIDEN NAME OF MOTHER **Not known**

Of autopsy

What test confirmed diagnosis? **clinical**

16 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Richard H. Bates** M. D.
(Address) **148 Winthrop St.** Date **June 28 1943**

17 Informant **Henry G. Bates** (Relation, if any)
(Address) **148 Winthrop St.**

21 **Winthrop Bn.** **Exempt**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **July 1 1943**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

22 NAME OF FUNERAL DIRECTOR **Edward J. Bryant**
ADDRESS **181 Broadway, South Boston**

Received and filed **JUL 2 1943** 19

(Official Designation) (Date of issue of permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 16.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 111, Sec. 45, G. L., (Tercenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—This statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent

Registered No. 155

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 29 Ingleside Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Gunhilde Christine (Knudsen) Knudsen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 12 Lincoln St Winthrop
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days.
(Before death) (Specify whether)

In this community 23 yrs. _____ mos. _____ days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widow

18 DATE OF DEATH June 30 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced Peder Knudsen
HUSBAND of (or) WIFE of Peder Knudsen
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 1st 1942 to June 30, 1943
I last saw him alive on June 30, 1943 death is said to
have occurred on the date stated above, at _____ m.

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 83 years 3 Months 10 Days If less than 1 day
Hours _____ Minutes _____

Immediate cause of death Myocarditis
Duration 8 Months

9 Occupation: Housewife

Due to Arterio Sclerosis

Industry At Home
10 or Business:

Due to _____

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) Hardanger
Norway

Other conditions _____
(Include pregnancy within 3 months of death)

13 NAME OF FATHER Knut Knudsen

Major findings:
Of operations _____

14 BIRTHPLACE OF FATHER (City)
(State or country) Unable To Obtain
Unable To Obtain

Date of _____

15 MAIDEN NAME OF MOTHER Unable To Obtain

Of autopsy _____

16 BIRTHPLACE OF MOTHER (City)
(State or country) Unable To Obtain

What test confirmed diagnosis? _____

17 Informant Anna M Iversen (Daughter)
(Address) 12 Lincoln St Winthrop

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. P. P. P. M. D.
(Address) 12 Co. Court St. Date 7/1 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 4 1943

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop

Received and filed JUL 2 1943 19____

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
W. H. P. P. P.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
7/2/43 (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. *82*

L. R. File No. *4-7-43*

TOSH
Militia
Dist. No. *099-0*

SAPELOE ISLAND PLANTATION

(Outside City or Town Limits, Write Rural)

Occupation or Situation
In This Community

DERVAN, JOSEPH T.

PERSONAL AND STATISTICAL PARTICULARS

5. Race **WHITE** Marital **(S)** M. W. D. 6. Status (circle)

Months Days If less than 24 hrs. Hrs. Min.

Birth Place **MASS.**

SOLDIER *6m*

UNITED STATES ARMY AIR FORCE

ALLEN A. DERVAN

UNKNOWN

UNKNOWN

UNKNOWN

PERSONNEL FILES

Address **UNITED STATES ARMY**

REMOVAL (a) Date *4/8/43*

Boston, Mass

Dipl. Mortuary

Research, Inc. **APR 8 1943**

Marie M. Olsen

(Check Certificates Carefully Before Signing)

2. Usual Residence of Deceased

(a) State **MASS.** (b) County

(c) City or Town **WINTHROP**
(If Outside City or Town Limits, Write Rural)

(d) R.F.D. and Box No. **75 CREST AVENUE** *22-59*

(e) Citizen of (Yes or No) If Yes, Name Country
(f) Foreign Country? **NO**

If Veteran Name War

Social Security Number

MEDICAL CERTIFICATION

23. Date of Death **APRIL 5 1943** Time **6:00** P. M.
(Hour : Minute)

24. I hereby certify that I attended the deceased who died on the above date. I last saw
DID NOT SEE HIM ALIVE

H **Alive on** 19

Primary Cause of Death **COMPLETE CARBONIZATION OF BODY**
(Please Underline the Cause to Which This Death Should Be Charged)

Contributory Cause

173a - 27
(Including Any Pregnancy Within Three Months of Death)

Operation **NONE**

Date of Operation

Diagnosis : Clinical Lab., X-Ray (Check)

Was Autopsy Performed? **NO**

25. If death was due to external violence please answer the following questions :

(a) Accident, Suicide, Homicide (Specify) **ACCIDENT** Date of Occurrence **APRIL 5, 1943**

(b) Place of Accident **SAPELOE ISLAND PLANTATION, McIntosh, Georgia**
(City) (County) (State)

(c) Where : Home, Farm, Industry, Public Place **BEACH OF ISLAND** While at Work **YES**

(d) Means of Injury **AIRPLANE ACCIDENT**

(e) Physician's Signature **THOMAS M. WINSTON, CAPTAIN, M.C.**

26. Own Signature **STATION HOSPITAL, ARMY AIR BASE HUNTER FIELD, SAVANNAH, GA.**
Physician's P. O. Address

Date Signed **APRIL 7, 1943**

1841

1841
1842

Suffolk

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3264

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Mass General Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Arthur Leo McFague

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 39 Fairview St

(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years 2 month 6 days. In this community yrs. 2 mos. 6 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Gertrude W. Howley
(Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: Trunk makerIndustry
10 or Business: Leather factory

11 Social Security No. 012-07-8415

12 BIRTHPLACE (City)
(State or country) Charlestown13 NAME OF
FATHER James McFague14 BIRTHPLACE OF
FATHER (City) Charlestown
(State or country)15 MAIDEN NAME
OF MOTHER Mary Quinn16 BIRTHPLACE OF
MOTHER (City) Charlestown
(State or country)17 Informant Mrs. G McFague (wife)
(Address) 39 Fairview St WinthropA TRUE COPY. Francis J. Gay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED April 14 1942 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 11, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Feb. 5/42, 19, to Apr. 11/42, 19
I last saw him alive on Apr. 11/42, 19, death is said to
have occurred on the date stated above, at 1:47p m

Immediate cause of death Pneumonia, lobar Duration 72 hrs

Due to Carcinoma of stomach 7 mos

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Exploratory laparotomy
Of operations jejunostomy Date of Apr. 4/42
Of autopsy Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Garrell, M. D.
(Address) Boston Date 4/11/4221 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Apr. 14/42 19

22 NAME OF FUNERAL DIRECTOR W P Carley
ADDRESS Allston Mass

Received and filed JUL 29 1943 19

(Registrar of City or Town where deceased resided)

1000

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 5760

1 PLACE OF DEATH
SUFFOLK
(County)
BOSTON
(City or Town)



No. Peter Bent Brigham Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Otis Colby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence No. 33 Court Road
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 11 days. In this community yrs. mos. 11 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

18 DATE OF DEATH June 10 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Josie Potter
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That ^{we} attended deceased from
we May 30, 1943, to June 10, 1943
+ last saw him alive on June 10, 1943, death is said to
have occurred on the date stated above, at 11.55 a.m.

6 Age of husband or wife if alive 69 years

Immediate cause of death

Primary carcinoma of liver

Duration

4 mos

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 3 Months 14 Days | If less than 1 day
Hours Minutes

Due to

Usual
9 Occupation: Linotype Operator

Due to

Industry
10 or Business: Newspaper

Other conditions Chr. nephritis
(Include pregnancy within 3 months of death)

mos.
Physician

11 Social Security No. 023-09-6805
12 BIRTHPLACE (City) Newburyport
(State or country) Mass.

Major findings:
Of operations

Underline
the cause to
which death
should be
charged statistically.

13 NAME OF FATHER Daniel T. Colby

Date of

14 BIRTHPLACE OF FATHER (City) West Newbury
(State or country) Mass.

Of autopsy Autopsy

What test confirmed diagnosis? no
20 Was disease or injury in any way related to occupation of deceased?

15 MAIDEN NAME OF MOTHER Sarah Thomson

16 BIRTHPLACE OF MOTHER (City)
(State or country)

(Signed) H. W. Benjamin, M. D.
(Address) Boston Date 6-10 1943

17 Informant (Address) (Relation, if any) wife

21 PLACE OF BURIAL, Belleville Newburyport, Mass
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL June 13 1943

22 NAME OF FUNERAL DIRECTOR H. S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed JUL 12 1943 19

(Registrar of City or Town where deceased resided)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 15 1943



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 5821

SUFFOLK
(County)
BOSTON

(City or Town)

No. Little Sisters of Poor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Vito Frederick
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 293 Bowdoin St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: in hospital or institution 1 years 6 months 4 days. In this community 1 yrs. 6 mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed, or divorced HUSBAND of Rita Pizzi
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife If alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: TailorIndustry
10 or Business: Retired

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Italy13 NAME OF
FATHER Unknown14 BIRTHPLACE OF
FATHER (City)
(State or country) Italy15 MAIDEN NAME
OF MOTHER Unknown16 BIRTHPLACE OF
MOTHER (City)
(State or country) Italy17 Informant Chet Frederick (Relation, if any)
(Address) sonA TRUE COPY. Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 18 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 12 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from June 9, 1943, to June 12, 1943.
I last saw him alive on June 11, 1943, death is said to have occurred on the date stated above, at 4 a.m. Duration

Immediate cause of death Cerebral hemorrhage 2 das.

Due to Arteriosclerosis few yrs.

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations Date of
Of autopsy
Underline the cause to which death should be charged statistically.What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased?If so, specify.
(Signed) E. H. L. Harnett M. D.
(Address) 222 Bowdoin St. Date 6-12-194321 PLACE OF BURIAL, Winthrop Cem. Winthrop, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL June 15 19 43

22 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS Winthrop, Mass.

Received and filed JUL 12 1943 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cambridge

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1008



Middlesex

(County)

Cambridge

(City or Town)

No. Cambridge City Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

----- Moriarty

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

67 Wilshire St.

St. Winthrop Mass.

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.....
(Before death) (Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

F.

W.

MARRIED
WIDOWED
or DIVORCED Single18 DATE OF
DEATH

June 19, 1943

(Month)

(Day)

(Year)

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
June 19, 1943, to June 19, 1943I last saw him/her alive on June 19, 1943, death is said to
have occurred on the date stated above, at.....m. Duration

Immediate cause of death.....

Stillborn

Toxaemia of pregnancy

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

June 21, 1943 (City or Town)

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John P O Moley

Winthrop Mass.

June 22, 1943

Received and filed

JUL 13 1943

19

(Registrar of City or Town where deceased resided)

PLACE OF DEATH

1

PARENTS

13 NAME OF
FATHER

John Moriarty

Boston

Mass.

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Marion Reuton

15 MAIDEN NAME
OF MOTHER

Boston

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Mass.

Mother

17 Informant
(Address)

Mother

(Relation, if any)

A TRUE COPY.

ATTEST:

June 22, 1943

(Registrar of city or town where death occurred)

DATE FILED

Frederick H. Burke 19



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 141

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eskel Rossing

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 80 Shirley

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 5 years 9 months 16 days.

(Before death) (Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

male

white

MARRIED
WIDOWED
or DIVORCED married5a If married, widowed, or divorced
HUSBAND of Anna Arnoldson

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Unemp. artist

10 Industry or Business:

11 Social Security No. cannot be learned

12 BIRTHPLACE (City) Gottenburg
(State or country) Sweden

13 NAME OF FATHER Hendrick Rossing

14 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

15 MAIDEN NAME OF MOTHER Amlie Seiostal

16 BIRTHPLACE OF MOTHER (City) Sweden
(State or country)17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED June 28 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
May 16, 1940, to June 20, 1943.I last saw him alive on June 20, 1943 death is said to
have occurred on the date stated above, at 3:45 a.m.

Duration

Immediate cause of death Arteriosclerotic heart disease 8 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Pasquale Buoniconito, M. D.
(Signed) Hathorne, Mass. Date 6/25/19 43
(Address)21 PLACE OF BURIAL, Winthrop Cemetery,
CREMATION OR REMOVAL Winthrop, Mass.
(Cemetery) (City or Town)

DATE OF BURIAL June 22 1943

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed JUL 16 1943 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 6057

1 PLACE OF DEATH

SUFFOLK
BOSTON (County)



(City or Town)

No. Hebrew Ladies Home for Aged St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Box
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 46 Nevada St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 2 years months days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Selig Bix (Husband's name in full)

6 Age of husband or wife If alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housework - at home

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Morris Brother

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Jennie ----

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant James Bix (Relation, if any) son (Address)

A TRUE COPY Francis J. Gay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 24 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 22 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 20, 1943, to June 22, 1943. I last saw her alive on June 22, 1943, death is said to have occurred on the date stated above, at 3 a.m. Duration

Immediate cause of death Coronary thrombosis 6-22-43

Due to Arteriosclerosis ?

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy
Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased?

If so, specify B. A. Udelson M. D.
(Signed) Boston Date 6-22-1943
(Address)

21 PLACE OF BURIAL, Anshe Libavitz Cem. Woburn, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)
DATE OF BURIAL June 22 1943

22 NAME OF FUNERAL DIRECTOR M. Stanetsky
ADDRESS Boston

Received and filed JUL 12 1943 19
(Registrar of City or Town where deceased resided)



Suffolk

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

433 416

1
PLACE OF DEATH(County)
Chelsea

(City or Town)

No.

Chelsea Memorial Hospital

St.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Ruth Upton Tisdale Henderson

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Wintthrop, Mass.

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

years

months

14

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE 37 11 29
Years Months DaysIf less than 1 day
Hours Minutes

At home

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

Boston, Mass.

12 BIRTHPLACE (City)

(State or country)

George R.

13 NAME OF

FATHER

Boston, Mass.

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Josephine Walsh

15 MAIDEN NAME

OF MOTHER

Boston, Mass.

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

George R. Henderson father

17 Informant

(Address)

49 Lovell Rd. Wintthrop

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

6/24/43

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June 22, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 19 37 to June 22 1943

I last saw him alive on June 22, 1943, death is said to

have occurred on the date stated above, at 11:30p.m.

Duration

Immediate cause of death

13 days

Due to

Ulcerative colitis

3 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

X-ray

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Harold Eugene

(Signed)

620 Beach St. Revere 6/23/43

(Address)

Date

19

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

July 29, 1943 (City or Town)

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

Chas. R. Donnellson
170 Wintthrop St. Wintthrop

ADDRESS

Received and filed

JUL 12 1943

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6257

1

PLACE OF DEATH

{ SUFFOLK
(County)
BOSTON

(City or Town)

No. Carney Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Frederick H. Tape

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

145 Main

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months 4 days.

In this community

yrs.

mos. 4 days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Margaret Murphy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

45

years

7 IF STILLBORN, enter that fact here.

8

AGE 50

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Embalmer

Industry

10 or Business:

Undertaker

11 Social Security No.

12 BIRTHPLACE (City)

South Boston

(State or country)

Mass.

13 NAME OF

FATHER

James W. Tape

14 BIRTHPLACE OF

FATHER (City)

St. John

(State or country)

New Brunswick

15 MAIDEN NAME

OF MOTHER

Ellen Murphy

16 BIRTHPLACE OF

MOTHER (City)

Framingham, Mass.

(State or country)

17

Informant

(Address)

Relation, if any

(wife)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

June 30 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

27

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 24, 19 43, to June 27, 1943I last saw him alive on June 27, 19 43 death is said to
have occurred on the date stated above, at 7.55 p.m.

Duration

Immediate cause of death

Acute cardiac failure

10 days

Due to

Hypertensive cardio

10 yrs

vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical signs

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. C. Carter

M. D.

(Address) Carney Hosp.

Date 6-27-1943

21 PLACE OF BURIAL, Winthrop Town Cem.

CREMATION OR REMOVAL

(Cemetery)

Winthrop, Mass.

(City or Town)

DATE OF BURIAL

June 30

19 43

22 NAME OF

FUNERAL DIRECTOR

W. J. Cassidy

ADDRESS

Boston, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)





The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 145 6319

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)

No. Mass. General Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Pearl L. MacQueen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 29 Charles

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months 2 days

In this community

yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of John W. MacQueen

(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive

59

years

7 IF STILLBORN, enter that fact here.

8

AGE 65

Years 2

Months 2

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: At home

Industry

10 or Business: --

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

North Adams,
Mass.

13 NAME OF

FATHER

Luke Flood

14 BIRTHPLACE OF

FATHER (City)

North Adams, Mass.

(State or country)

15 MAIDEN NAME

OF MOTHER

Julia Lincoln

16 BIRTHPLACE OF

MOTHER (City)

Adams, Mass.

(State or country)

PARENTS

17

Informant
(Address)

Relation, if any

(husband)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

July 2, 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June

30

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 28

19 43

to June 30

19 43

I last saw her alive on June 30, 19 43 death is said to

have occurred on the date stated above, at 5.09 a.m.

Duration

Immediate cause of death Arteriosclerotic

Heart Disease

? yrs.

Coronary thrombosis with myocardial

infarction

4 days

Due to

Due to

Other conditions

Diabetes mellitus

(Include pregnancy within 3 months of death)

4 yrs

Physician

Major findings:

Of operations none

Date of

Of autopsy

What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. F. Houser

M. D.

(Address)

Boston

Date 6-30 19 43

21 PLACE OF BURIAL, Winthrop Cem.

CREMATION OR REMOVAL

(Cemetery)

Winthrop, Mass.

(City or Town)

DATE OF BURIAL

July 2

19 43

22 NAME OF

FUNERAL DIRECTOR

C. R. Bennison

ADDRESS

Winthrop, Mass.

Received and filed

JUL 12 1943

19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1471

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital2 FULL NAME Edward Franklin Bell
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 8 Vine Ave. Winthrop
(Usual place of abode) St. (If nonresident, give city or town and State)Length of stay: In hospital or institution Hosp. years months days. In this community 16 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed, or divorced HUSBAND of Melissa Moore
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 42 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 23 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Leather CutterIndustry
10 or Business: Factory (Hat Bands)

11 Social Security No. 030-14-8632

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER John E Bell

14 BIRTHPLACE OF FATHER (City) Thomston
(State or country) Maine

15 MAIDEN NAME OF MOTHER Flora Burk

16 BIRTHPLACE OF MOTHER (City) Prince Edward Isle.
(State or country)

17 Informant Melissa Bell (Address) 8 Vine Ave. Winthrop (Relation, if any) Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:William D. Children
(Signature of Agent of Board of Health or other)agent July 6th 1943
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 2 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 2 1943 to July 2 1943I last saw him alive on July 2 1943 death is said to
have occurred on the date stated above, at 11:15 P. m.

Immediate cause of death

Coronary Infarct

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) (Address) Date July 2 1943

21 Woodlawn Crematory Everett
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 6 1943

22 NAME OF FUNERAL DIRECTOR
ADDRESS

Received and filed JUL 6 1943

(Registrar)

Duration

IMPORTANT

IMPORTANT
PhysicianUnderline
the cause to
which death
should be
charged sta-
tistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

1 PLACE OF DEATH
 County Suffolk
 City or Town Winthrop
 No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME O'Donnell Margaret
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 183 Lincoln St. Winthrop
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution 1 Hospital years months 7 days. In this community 16 yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Widowed
 MARRIED WIDOWED OR DIVORCED

6a If married, widowed, or divorced HUSBAND of John O'Donnell
 (Give maiden name of wife in full)
 (or) WIFE of John O'Donnell
 (Husband's name in full)

6 Age of husband or wife if alive deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 89-85 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired House wife
 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) Prince Edward Island
 (State or country) Canada

13 NAME OF FATHER John Peters

14 BIRTHPLACE OF FATHER (City) Prince Edward Island
 (State or country) Canada

15 MAIDEN NAME OF MOTHER Victoria Bourque

16 BIRTHPLACE OF MOTHER (City) Prince Edward Island
 (State or country) Canada

17 Mrs. Edmund C. Grady Relation, if any Informant Daughter
 (Address) 183 Lincoln St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
 (Signature of Agent or Board of Health or other)
14-8 at July 7 1943
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 7 - 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from JUNE 1, 1943 to July 7, 1943
 I last saw him alive on July 6, 1943, death is said to have occurred on the date stated above, at 7:28 A.M. Duration 18 days

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions Coronary Thrombosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy
 What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify Edward J. Granger M. D.
 (Signed) 200 Washington Ave., July 7, 1943
 (Address)

21 Holy Cross, Malden
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL July 9, 1943

22 NAME OF FUNERAL DIRECTOR Wm. J. Kelly
 ADDRESS 11 Meridian St., E.B.

Received and filed JUL 8 1943 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

Suffolk
(County)
Winthrop
(City or Town)

1 PLACE OF DEATH
No. **41 Court Road** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Ellen Marie Dealy** (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No.

(a) Residence, No. **41 Court Road** St. **Winthrop** (If nonresident, give city or town and state)

Length of stay: In hospital or institution **No.** years months days. In this community **40** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)	18 DATE OF DEATH July 9, 1943 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of William F. Dealy (Give maiden name of wife in full)			19 I HEREBY CERTIFY That I attended deceased from August 15, 1942 to July 9, 1943	
(or) WIFE of William F. Dealy (Husband's name in full)			I last saw her alive on July 6, 1943 , death is said to have occurred on the date stated above, at 8:30 p.m.	
6 Age of husband or wife if alive 70 years			Immediate cause of death Cerebral Thrombosis	Duration 3 mo.
7 IF STILLBORN, enter that fact here.			Due to Arteriosclerosis, generalized	15 yr
8 AGE 66 Years Months Days If less than 1 day Hours Minutes			Due to Hypertension	220 yr
9 Occupation: House wife			Other conditions Intestines - cancer	4 yrs
10 Industry own home			(Include pregnancy within 3 months of death)	
11 Social Security No. none			Major findings: Cancer of Breast	
12 BIRTHPLACE (City) So. Boston (State or country) Mass.			Of operations Cancer of Breast Date of Nov '39	Underline the cause to which death should be charged statistically.
13 NAME OF FATHER John M. Moriarty			Of autopsy none	What test confirmed diagnosis? no
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.			20 Was disease or injury in any way related to occupation of deceased? no	
15 MAIDEN NAME OF MOTHER Delia O'Connor			If so, specify Stroke M. D.	
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			(Signed) W. J. Kelly (Address) 1123 8th St. Boston Date July 10, 1943	
17 Informant William F. Dealy (husband) (Address) 41 Court Rd. Winthrop			21 Place of Burial, Cremation or Removal Winthrop (City or Town)	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:			DATE OF BURIAL July 13, 1943	
Wm. F. Childress (Signature of Agent of Board of Health or other)			22 NAME OF FUNERAL DIRECTOR W. J. Kelly	
Health Officer (Official Designation)			ADDRESS 11 Meridian St., J.C.B.	
7/12/43 (Date of Issue of Permit)			Received and filed JUL 15 1943 19 (Registrar)	

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 105 Johnson Ave.



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent

Registered No.

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Carrie Edith (Hurder) Westcott
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 If so specify WAR)

(a) Residence. No. 105 Johnson Ave., Winthrop
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution years — months — days. In this community 20 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word)
 MARRIED married
 WIDOWED
 or DIVORCED

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Roy Lorne Westcott
 (Maiden name of wife in full)
 (Husband's name in full)

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 11 Months 26 Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: At home

Industry
 10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) St. John's
 (State or country) New Brunswick

PARENTS

13 NAME OF FATHER William T. Hurder

14 BIRTHPLACE OF FATHER (City) Springfield
 (State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Mary Elizabeth Burns

16 BIRTHPLACE OF MOTHER (City) Springfield
 (State or country) New Brunswick

17 Informant Roy Lorne Westcott Relation, if any
 (Address) 105 Johnson Ave., Winthrop (husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs
 (Signature of Agent of Board of Health or other)
Health Officer 7/18/43
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 11 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 1942, 1942, to July 11, 1943

I last saw h. or alive on July 9, 1943 death is said to
 have occurred on the date stated above, at 8:30 P.M.

Immediate cause of death..... Duration

Coronary Thrombosis

IMPORTANT
6 mos

Due to Chronic Hypertension 2 yrs

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations..... Physician

Date of.....

Of autopsy.....

What test confirmed diagnosis? Clinical Signs

IMPORTANT

Physician

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

20 Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....

(Signed) Samuel H. O'Neil M. D.
 (Address) Wilmington Mass Date July 11, 1943

21 Winthrop Cemetery, Winthrop, Mass.
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 14, 1943

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
 ADDRESS Winthrop, Mass.

Received and filed..... 19

JUL 15 1943

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH
 Suffolk (County)
 Winthrop (City or Town)
 No. 45 Forest St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME* Arthur Levine { (If U. S. War Veteran, specify WAR) No
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 40 Browne Street St. Brookline
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of stay: In hospital or institution..... years months days. In this community 7 yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH July 16 1943 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Manya Shapiro (Give maiden name of wife in full)			18 I HEREBY CERTIFY That I attended deceased from July 15, 1943, to July 16, 1943. last saw him alive on July 16, 1943 death is said to have occurred on the date stated above, at 9:15 am.	
(or) WIFE of (Husband's name in full)			Duration Immediate cause of death Acute coronary thrombosis 2 days	
6 Age of husband or wife if alive 50 years	7 IF STILLBORN, enter that fact here.		Due to Angina Pectoris 2 yrs.	
8 AGE 53 Years Months Days	If less than 1 day Hours Minutes		Due to	
Usual Occupation: Wholesale Meat Dealer			Other conditions Diabetes mellitus 3 yrs.	
Industry or Business: For Himself			PHYSICIAN Underline the cause to which death should be charged statistically.	
11 Social Security No. none			Major findings : Of operations Date of	
12 BIRTHPLACE (City) — Russia (State or country)			Of autopsy What test confirmed diagnosis? Clinical	
13 NAME OF FATHER Noah Levine			20 Was disease or injury in any way related to occupation of deceased? no	
14 BIRTHPLACE OF FATHER (City) — Russia (State or country)			If so, specify (Signed) Charles Liberman M. D. (Address) 26 Waverley Ave Date 7/16/1943	
15 MAIDEN NAME OF MOTHER Sophie-cannot be learned			21 Chelsea Cemetery - Woburn Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL July 18, 1943	
16 BIRTHPLACE OF MOTHER (City) — Russia (State or country)			22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky ADDRESS 10 Washington St., Dorchester	
17 Informant Manya Levine (Wife) (Address) 40 Browne St., Brookline			Received and filed 1943 (Registrar)	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm-D-Childress (Signature of Agent of Board of Health or other) Health officer (Date of Issue of Permit) 7/17/43				

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

To be filed for burial permit
 with Board of Health
 or its Agent.

STANDARD
 CERTIFICATE OF DEATH

Registered No.

151

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apnoea, atonia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 15 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PHYSICIANS should state EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139, No. 8427-d

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. *Winthrop Community Hosp.* St. {

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. *153*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

2 FULL NAME *Infant Pinstein*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *7 Summer* St. *Revere Mass*
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Single* (write the word)

18 DATE OF DEATH *July 20, 1943*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY. That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19....., death is said to have occurred on the date stated above, at *4:22 a.m.*

Immediate cause of death..... Duration.....

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here. *Stillborn* ✓

8 AGE *0* Years Months Days If less than 1 day Hours Minutes

Due to *Still born*

Usual Occupation:

Due to

Industry or Business:

Other conditions
(Include pregnancy within 3 months of death)

11 Social Security No.

12 BIRTHPLACE (City) *Winthrop Mass.*
(State or country)

Major findings:

Of operations Date of.....

Of autopsy Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?.....

13 NAME OF FATHER *Abraham Pinstein*

14 BIRTHPLACE OF FATHER (City) *Boston*
(State or country)

15 MAIDEN NAME OF MOTHER *Sylvia Lampert*

16 BIRTHPLACE OF MOTHER (City) *New York City, N.Y.*
(State or country) *New York State*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *Hyman Seigel* M. D.

(Address) *72 Shirley Ave. Boston* Date *7/21/1943*

21 *Beth Israel Cem. Everett Mass*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *July 22, 1943*

22 NAME OF FUNERAL DIRECTOR *Manuel Stenetsky*

ADDRESS *10 Washington St. Dor.*

Received and filed..... *JUL 26 1943*..... 19.....

A TRUE COPY ATTEST:

(Registrar)

17 Informant *Benjamin Pinstein* Relation, if any
(Address) *45 Radnor Rd Brighton*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Gulderson
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation) (Date of Issue of Permit) *7/21/43*

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Elks Home Shore DriveThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 154

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 20 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR, OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

18 DATE OF

DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

56 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

General work

Industry

10 or Business:

Harbor Defense

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston
Mass

13 NAME OF

FATHER

Unknown

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Unknown

15 MAIDEN NAME

OF MOTHER

Unknown

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unknown

17 Informant

(A friend)

Fred Baumgartner

Relative, if any

Elks Home Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Chronic Cardio-vascular Disease
(77)

20 Accident, suicide, or homicide (specify)

Date of occurrence

19

Where did

injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?

(Specify type of place)

Manner of

injury

Nature of

injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Clatter

M. D.

(Address)

Date

July 24, 1943

22 Place of Burial, Cremation or Removal

Mt. Hope Boston
(City or Town)

DATE OF BURIAL

July 26

1943

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

Richard C. Farley
Boston

Received and filed

JUL 28 1943

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person—supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14: *

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 205 Cliff Ave.



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Margaret G. Walsh Neilson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 205 Cliff Ave
(Usual place of abode)

St.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days.
(Before death) (Specify whether) In this community 20 yrs. 20 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of Robert G. Neilson (Husband's name in full)
(or) WIFE of Robert G. Neilson (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Housewife

Industry
10 or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Liverpool
(State or country) England

13 NAME OF FATHER Martin J. Walsh

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Hughes

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Edith Wilson
Informant (Address) 205 Cliff Ave (Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 7/26/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 24 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 1943, to July 24, 1943

I last saw him alive on July 23, 1943, death is said to
have occurred on the date stated above, at 5 A. m.

Immediate cause of death: Broncho pneumonia 4 days
Duration

Due to Chronic Myocarditis 10 days

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations.....

Physician

Underline
the cause to
which death
should be
charged statistically.

Date of

Of autopsy.....

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....
(Signed) E. J. Brown M. D.
(Address) 205 Cliff Ave Date July 24, 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (Specify Town)

DATE OF BURIAL July 27 1943

22 NAME OF FUNERAL DIRECTOR John A. O'Malley

ADDRESS Winthrop

Received and filed..... 19.....

JUL 26 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

SPACE FOR ADDITIONAL INFORMATION

[illegible]

BOSTON NOTIFIED

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent

Registered No.

STANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH
1 { *Suffolk* (County)
Winthrop (City or Town)
No. *Winthrop Community Hospital*



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Kirby*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. *650 Sumner St* St. *East Boston*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED WIDWED or DIVORCED *Single*

18 DATE OF DEATH *July 25 1943*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
19... to 19...

I last saw him alive on 19... death is said to
have occurred on the date stated above, at *8:12 a.m.* Duration *+*

Immediate cause of death *Still Born* *8 M* *IMPORTANT*

6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here. *yes*
8 AGE Years Months Days If less than 1 day Hours Minutes

Due to *Still Born* *8 M*

9 Occupation:

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Filed 7/25/43* M. D.

(Address) *679 Sumner St* Date *7/25 1943*

21 *St Michael* *Boston*
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL *July 27 1943*

22 NAME OF FUNERAL DIRECTOR *Fredrick J. Maguath*

ADDRESS *East Boston*

Received and filed *JUL 28 1943* 19

(Registrar)

PARENTS

13 NAME OF FATHER *John T. Kirby*
14 BIRTHPLACE OF FATHER (City) *East Boston*
(State or country) *Mass*
15 MAIDEN NAME OF MOTHER *Mary M. Muller*
16 BIRTHPLACE OF MOTHER (City) *East Boston*
(State or country) *Mass*

17 Informant *John T. Kirby* Relation, if any
(Address) *650 Sumner St*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm L. Childress
(Signature of Agent of Board of Health or other)

Health Officer *7/27/43*
(Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent

Registered No.

1 PLACE OF DEATH
 Surrolk
 (County)
 Winthrop
 (City or Town)
 No. 65 Waldermar Ave.



St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Edmond Robert Harris
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR).....

(a) Residence, No. 65 Waldermar Ave. St.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 32 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Single

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 1 Months 1 Days | If less than 1 day
 Hours Minutes

Usual Occupation: Station Agent (Retired)

Industry Rail Road

11 Social Security No. None

12 BIRTHPLACE (City) Birmingham
 (State or country) England

13 NAME OF FATHER Robert George Harris

14 BIRTHPLACE OF FATHER (City) England
 (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth C Dutton

16 BIRTHPLACE OF MOTHER (City) England
 (State or country)

17 Informant Alfred Harris (Brother)
 (Address) 65 Waldermar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transfer permit was issued:
 Wm. A. Childress Jr.
 (Signature of Agent of Board of Health or other)
 7/26/43 (Date of Issue of Permit)
 (Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 25 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 July 19 1943 to July 25 1943
 I last saw him alive on July 25 1943, death is said to
 have occurred on the date stated above, at 6 A.M.

Immediate cause of death: cerebral hemorrhage

Due to arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? m

If so, specify (Signed) J. L. ... M. D.
 (Address) ... Date 7-26-1943

21 Winthrop Winthrop
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL July 26 1943

22 NAME OF FUNERAL DIRECTOR Howard S. ...
 ADDRESS ...

Received and filed July 26 1943
 (Registrar)

Duration
 IMPORTANT

IMPORTANT
 Physician
 Underline
 the cause to
 which death
 should be
 charged statistically.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, aetnaia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
**STANDARD
 CERTIFICATE OF DEATH**

To be filed for burial permit
 with Board of Health
 or its Agent

Registered No.

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **6 Lewis Ave.**



St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME **Katherine Morris**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(a) Residence. No. **6 Lewis Ave.** St.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days.
 (Before death) (Specify whether) In this community **30** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED **Single**
 5a If married, widowed, or divorced
 HUSBAND of
 (Give maiden name of wife in full)
 (or) WIFE of
 (Husband's name in full)
 6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.
 8 AGE **68** Years **4** Months **23** Days | If less than 1 day
 Hours Minutes
 Usual
 9 Occupation: **Book Keeper (Retired)**
 Industry
 10 or Business: **Cotton**
 11 Social Security No. **None**
 12 BIRTHPLACE (City) **East Boston**
 (State or country) **Mass.**

18 DATE OF DEATH **July 26 1943**
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from
July 22 1943 to July 26 1943
 I last saw her alive on **July 25 1943**, death is said to
 have occurred on the date stated above, at **5:30 A.** m.
 Immediate cause of death **Acute Coronary Thrombosis**
 Due to **Arteriosclerosis**
 Due to **General Debility**
 Other conditions **none**
 (Include pregnancy within 3 months of death)

Duration
4 days
 IMPORTANT

1 year
2 years

Major findings: **none**
 Of operations: Date of
none
 Of autopsy:
 What test confirmed diagnosis **clinical & lab**

IMPORTANT
 Physician

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify **Heart - Phlegm**
 (Signed) **Dr. J. J. Phlegm** M. D.
 (Address) **362 Hurley St.** Date **July 26 1943**
 21 **Winthrop**
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL **July 28 1943**

22 NAME OF FUNERAL DIRECTOR **Howard S. Reynolds**
 ADDRESS **Winthrop Mass.**

Received and Filed **19**

JUL 28 1943

(Registrar)

PARENTS

13 NAME OF FATHER **William A Morris**
 14 BIRTHPLACE OF FATHER (City) **Boston**
 (State or country) **Mass.**
 15 MAIDEN NAME OF MOTHER **Catherine C Keefe**
 16 BIRTHPLACE OF MOTHER (City) **Boston**
 (State or country) **Mass.**
 17 Informant **Elizabeth Morris** Relation, if any **Sister**
 (Address) **6 Lewis Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Muldoon
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **7/27/43** (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, if a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 159

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



No. 188 Woodside Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ellen M. Frank
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 188 Woodside Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W. 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Fred M. Frank
(Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days | If less than 1 day
Hours Minutes

Usual Occupation: Housewife

Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Charles Sweeney

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary O'Donald

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Fred M. Frank
(Address) 188 Woodside Ave, Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Clark
(Signature of Agent of Board of Health or other)

Health Officer 7/29/43
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH July 28, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 24, 1943, to July 28, 1943
I last saw him alive on July 28, 1943, death is said to
have occurred on the date stated above, at 10: A.M.

Immediate cause of death: Cerebral Hemorrhage
Duration 3 days

Due to Atherosclerosis 10 yrs

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: no

Date of

Of autopsy: no

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles Liberman, M. D.
(Address) 26 W. W. Way, Andover, Mass. Date 7/28, 1943

21 Place of Burial, Cremation or Removal: Holy Cross
(City or Town) Malden, Mass.

DATE OF BURIAL July 31, 1943

22 NAME OF FUNERAL DIRECTOR Daniel J. Sweeney
ADDRESS 350 Brady, Everett, Mass.

Received and filed JUL 30 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical—(drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filled for burial permit
with Board of Health
or its Agent.

33
Dep. Book 1

160

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 45 Coral Ave.



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Catherine Smith O'Neill
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 45 Coral Ave
(Usual place of abode) St.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Michael O'Neill
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 95 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation Housewife

Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country) Massachusetts

13 NAME OF FATHER John Smith

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Alice Walsh

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mary Kenna (Address) 45 Coral Ave. (Relation, if any) Niece

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Wm. L. Richardson & Co. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/9/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 30 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1, 1943, to July 30, 1943.
I last saw her alive on July 29, 1943 death is said to have occurred on the date stated above, at 2:20 P.M.

Immediate cause of death. my heart

Due to Senility

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. L. Richardson & Co. M. D.
(Address) Winthrop, Mass Date July 31, 1943

St. Marys Jacksonville Fla
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 3 1943

22 NAME OF FUNERAL DIRECTOR John W. Maly
ADDRESS Winthrop

Received and filed Aug 4 1943

AUG 4 1943 (Registrar)

PARENTS

100M-6-2-42-8885

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 161

1 PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)
Pleasant Park Yacht Club

No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

J days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of

Angela M. Bieri

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

33

years

7 IF STILLBORN, enter that fact here.

8

AGE

34

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Stock Clerk

Industry

10 or Business:

General Ship & Engine Works

11 Social Security No.

011-18-3915

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF

FATHER

Domenic Spinale

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Domenica Vinci

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17 Informant

Angela M. Spinale, Wife

(Address)

113 St. Brewster Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF

DEATH

July 30

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof

are as follows: (If an injury was involved, state fully.)

Acute Congestive Heart Failure + Contusion
of Brain, resulting following exposure to
electric current. Investigation pending.

20 Accident, suicide, or homicide (specify)

Accident

Date of occurrence

July 30

1943

Where did

injury occur?

Winthrop

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

Yacht Club

(Specify type of place)

Manner of

injury

Nature of

injury

While at work?

Yes

Was there an autopsy?

Yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. B. Walker

M. D.

(Address)

Date

July 2, 1943

22

Place of Burial, Cremation or Removal

(City or Town)

Holy Cross Malden Mass

DATE OF BURIAL

Aug 3

1943

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

L. A. Burnham

Received and filed

Aug 3, 1943

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from dissass resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dsad.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH

1

(County)

Winthrop

(City or Town)

No.

Pleasant Park Yacht Club

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph Spinale

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

8 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Relation, if any

Informant (Address)

()

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*Death Congenital Heart Failure and
Contusion of Brain following exposure
to electric current*

20 Accident, suicide or homicide (specify)

Date of occurrence

19 *48*

Where did

Injury occur?

(City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

Manner of

Injury

Nature of

Injury

While at work?

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Date *Oct 2 1948*

22

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

19

23 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried; such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts which by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

(3) Medical Examiners must investigate and certify to all deaths as possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) *Under cause* its known or presumable nature; and (2) *under manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Essex

The Commonwealth of Massachusetts

Danvers

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 162

1 PLACE OF DEATH

(County)
Danvers(City or Town)
No. Danvers State HospitalSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Belle Evans Perdue
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 72 Bowdoin St.

Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or Institution. years 3 months 21 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Alonda C. Perdue (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: at homeIndustry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Georgia
(State or country)

13 NAME OF FATHER John L. Layton

14 BIRTHPLACE OF FATHER (City) Georgia
(State or country)

15 MAIDEN NAME OF MOTHER --- Cook

16 BIRTHPLACE OF MOTHER (City) Georgia
(State or country)17 Informant Mary K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 7/27/43 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Mar. 17, 1943, to July 8, 1943.
I last saw her alive on July 8, 1943. Death is said to
have occurred on the date stated above, at 6.25P m.

Immediate cause of death: Myocardial failure 3 1/2 mos.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsDate of Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Flora M. Renillard M. D.
(Address) DSH Date 7/23/4321 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 7/10/43 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed AUG 9 1943 19

(Registrar of City or Town where deceased resided)

PARENTS

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1086640

SUFFOLK
(County)
BOSTON

1 PLACE OF DEATH

No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Morris Gilman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 36 Cutler St. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution years months 14 days. in this community yrs. mos. 14 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED
WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Anna Baun
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Tailor

10 Industry or Business: For Himself

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Abraham E. Gilman

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Sarah

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant (Address) (Relation, if any) wife

A TRUE COPY
ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 14 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 11 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 28, 1943, to July 11, 1943.
I last saw him alive on July 11, 1943, death is said to have occurred on the date stated above, at 6.25 p.m.

Immediate cause of death Cerebral hemorrhage (recurrent) 2 wks
Due to Generalized arteriosclerosis many yrs

Due to Diabetes mellitus 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy clinical
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. Gerstein M. D.
(Address) Boston Date 7/11 1943

21 PLACE OF BURIAL Winthrop Cem. Everett, Mass.
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL July 12 1943

22 NAME OF FUNERAL DIRECTOR M. Stanetsky
ADDRESS Dorchester

Received and filed AUG 18 1943 19

(Registrar of City or Town where deceased resided)

PARENTS

50m (c)-1-11-4667

1904-25

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

Suffolk

(County)

Winthrop

(City or Town)

No. 95 Court Road, Winthrop

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Matthew J. Barron

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

(a) Residence, No. 95 Court Road

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution ----- years - months - days.
(Before death) (Specify whether)

In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED5a If married; widowed or divorced
HUSBAND of Julia L. Fortiss
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ----- years

7 IF STILLBORN, enter that fact here. -----

8 AGE 75 Years Months Days | If less than 1 day
Hours Minutes

Usual Occupation: Chauffeur

Industry or Business: Chaffeur

11 Social Security No. Boston, Mass.

12 BIRTHPLACE (City) Boston, Mass.
(State or country)

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Unknown

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Unknown17 Informant Mrs. Edna Maynes (daughter)
(Address) 95 Court R., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childress
(Signature of Agent of Board of Health or other)Health Officer 8/4/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 1 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Feb. 1939, to Aug 1, 1943I last saw him alive on July 31, 1943, death is said to
have occurred on the date stated above, at 7 P. M.

Immediate cause of death

Duration

IMPORTANT

Chronic Myocarditis

2 yrs

Due to

Due to

Other conditions Diabetes (insulin dependent) 2 yrs
(Include pregnancy within 3 months of death) 14 mos ago

IMPORTANT

Major findings:

Of operations

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
if so, specify Low 7, Salem

(Signed) M. D.

(Address) 175 Pleasant St. Date Aug 3, 1943

21 Holy Cross, Malden

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL August 4, 1943 19

22 NAME OF FUNERAL DIRECTOR

ADDRESS Boston

Received and filed AUG 4 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purpose, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.



1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. en route to Winthrop Community Hospital

Registered No. 100

2 FULL NAME Stanley De Leskey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) World 2

(a) Residence, No. 26 Bellevue Ave Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community 6 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

18 DATE OF DEATH August 5-1943
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of Marie L. Martel
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Acute Cardiac Failure
Probably Cerebral Sclerosis

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years..... Months..... Days | If less than 1 day Hours..... Minutes

20 Accident, suicide, or homicide (specify)

9 Occupation: Truck Driver

Date of occurrence..... 19

10 Industry or Business: Seamy Vacuum Co

Where did Injury occur? (City or town and State)

11 Social Security No. 024-01-7483

Did injury occur in or about home, on farm, in industrial place, or in public place?

12 BIRTHPLACE (City) Boston Mass
(State or country)

(Specify type of place)

13 NAME OF FATHER James De Leskey

Manner of Injury Collapsed & died quickly

14 BIRTHPLACE OF FATHER (City) New Brunswick
(State or country)

Nature of Injury

15 MAIDEN NAME OF MOTHER Annie Sheehan

While at work? Was there an autopsy? no

16 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)

21 Was disease or injury in any way related to occupation of deceased?

17 Informant Marie L. De Leskey, wife
(Address) 26 Bellevue Ave Winthrop

If so, specify

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signed) Miss Snickley, M. D.

William D. Childress
(Signature of Agent of Board of Health or other)

(Address) Boston Aug 5-1943

Agent Aug 9/43
(Official Designation) (Date of Issue of Permit)

22 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 9 1943

23 NAME OF FUNERAL DIRECTOR Charles H. Tregnor

ADDRESS East Boston

Received and filed..... AUG 12 1943..... 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to give such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiner shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

... We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under *cause* its known or presumed nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

9/9/43

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PLACE OF DEATH

2 FULL NAME Male Nalen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, No.
if so specify WAR)

(a) Residence. No. 274 Princeton

St. East Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years - months - days.

In this community - yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

Stillborn

8

AGE - Years - Months - Days | If less than 1 day

Hours - Minutes

Usual

9 Occupation:

None

Industry

10 or Business:

None

11 Social Security No.

None

12 BIRTHPLACE (City)

Winthrop

(State or country)

Mass

13 NAME OF

FATHER

Anthony Nalen

14 BIRTHPLACE OF

FATHER (City)

Northampton

(State or country)

Mass

15 MAIDEN NAME

OF MOTHER

Gertrude Marshall

16 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass.

PARENTS

17

Informant

Anthony Nalen

(Relation, if any)

(Address)

274 Princeton St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childress

(Signature of Agent of Board of Health or other)

Agent

Aug 10/43

(Official designation)

(Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug 6, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

I last saw h..... alive on, 19, death is said to

have occurred on the date stated above, at 10:12 p.m.

Duration

Immediate cause of death.

Stillborn

IMPORTANT

Due to

Premature Separation of
Placenta

Due to

Placenta

Other conditions.

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Cerebral Section of
motherUnderline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed)

Sergei E. Eklund

M. D.

(Address)

1943 City of Boston

21

St. Michaels, Boston

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL August 10, 1943

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Boston

Received and filed

AUG 12 1943

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physioian or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Cchap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Cchap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(8) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

RECEIVED

TO
FROM
DATE
BY
REMARKS

10-11-1918

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **109**

STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH

Suffolk
(County)

Winthrop Mass
(City or Town)

No. **297 Bowdoin Street Winthrop** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Frank Perry Wilbur Colby**
(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. **297 - Bowdoin Street** St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution **00** years months days. In this community **40** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Married**
WIDOWED or DIVORCED

5a If married, widowed, or divorced **Anna Eliza Goodrich Colby**
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive **77** years

7 IF STILLBORN, enter that fact here.

8 AGE **55** Years **10** Months **13** Days | If less than 1 day
Hours Minutes

9 Usual Occupation: **Retired U.S. Letter Carrier**

Industry or Business: **United States Mail**

11 Social Security No.

12 BIRTHPLACE (City) **Charlestown**
(State or country) **Mass**

13 NAME OF FATHER **Eben. L. Colby**

14 BIRTHPLACE OF FATHER (City) **Limerick**
(State or country) **Maine**

15 MAIDEN NAME OF MOTHER **Eveline Hannaford**

16 BIRTHPLACE OF MOTHER (City) **Union**
(State or country) **N.H.**

17 Informant **Annie E. G. Colby** (Relation, if other)
(Address) **297 Bowdoin St. Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chubb
(Signature of Agent of Board of Health or other)

Health Officer **8/12/43**
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 10 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
September 5 1935 to **August 10 1943**
I last saw him alive on **August 10 1943** death is said to
have occurred on the date stated above, at **1 P.M.** m.

Immediate cause of death **Chronic Interstitial Nephritis** Duration **2 yrs**

Due to **Arteriosclerosis** **5 yrs**

Due to **Uremia** **2 weeks**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none** IMPORTANT
Of operations: **none** Physician

Date of **—** Underline the cause to which death should be charged statistically.
Of autopsy **none**
What test confirmed diagnosis? **clinical & lab**

20 Was disease or injury in any way related to occupation of deceased **no**
If so, specify **Post. Pharyngeal** M. D.
(Signed) **Wm. D. Chubb** Date **Aug 11 1943**
(Address) **562 State St. Boston**

21 **Winthrop Cemetery Winthrop Mass**
Place of Burial, Cremation or Removal. (Name Town)
DATE OF BURIAL **August 13 1943**

22 NAME OF FUNERAL DIRECTOR **Chas. R. Beaman**
ADDRESS **Winthrop Mass**

Received and filed **AUG 12 1943** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

9/9/43
The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 170

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 45-7 Shirley St.

2 FULL NAME Bessie Heller
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 12 Sherman St. Beverly
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. in this community / yrs. mos. days.
(Refuse death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Widowed
WIDOWED
or DIVORCED
5a If married, widowed, or divorced
HUSBAND of Isaac Heller
(or) WIFE of (Maiden name in full)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Housewife

Industry at home
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Lazar Silverman

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Rose (unknown)

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Nathan G. Heller (Address) 470 Conant Ave. Boston
Relationship (If any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childs, Jr.
(Signature of Agent of Board of Health or other)
Health Officer 8/10/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 10 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug 10, 1943.
I last saw her alive on Aug 10, 1943, death is said to have occurred on the date stated above, at 4:45 A. M.

Immediate cause of death Duration

Coronary thrombosis - acute 3 1/4 days

Due to Hypertension 10 yrs.

Due to Arteriosclerosis 10 yrs.

Other conditions Coronary thrombosis 2 yrs.

(Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations: Physician

Date of: Underline the cause to which death should be charged statistically.

Of autopsy: What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Abraham Ginsburg M. D. 1943
(Address) 16 McLean St. Date Aug 10

21 114 North Street, W. R. 1943
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug. 11 1943

22 NAME OF FUNERAL DIRECTOR Jacob H. Levine
ADDRESS 394 Wash. St. Dorchester

Received and filed AUG 12 1943 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 48, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medial Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 121

1 PLACE OF DEATH

Suffolk County
Brookline
Notified 9/9/43
Mintnash
(City or Town)

No. 60 Hann Bain Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

George Albert Kelley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a

U.S. War Veteran, No

(e) Residence, No.

(Usual place of abode)

26 Cypress

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community, 59 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 59

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Chief Engineer

Industry

10 or Business:

Town of Brookline

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Brookline

13 NAME OF
FATHER

Michael Kelley

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Mary J. Geelan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

N Y City

17 Informant
(Address)

Esther A Ford

Relation, if any

(Address)

36 Cypress St Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Chedress

(Signature of Agent of Board of Health or other)

Agent

Aug 10/43

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug

10

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

June 24

1943

to

August 10, 1943

I last saw him alive on August 10, 1943 death is said to

have occurred on the date stated above, at 5:20 P.M.

Immediate cause of death

Acute Coronary Thrombosis

Duration

1 hour

Due to

Angina Pectoris

2-3 days

Due to

Other conditions none
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

none

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

none

What test confirmed diagnosis

clinical & lab

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

Yes Jacob Thomas M.D.

(Signed)

(Address)

562 Stanley St

Brookline Mass

DATE OF BURIAL

Aug 9

1943

21 Place of Burial, Cremation or Removal

(City or Town)

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

27 Harvard St

Brookline Mass

Received and filed

AUG 12 1943

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

100

Registered No. 100
If death occurred in a hospital, give its NAME instead of street and number

9/9/43
Suffolk
(County)
1 PLACE OF DEATH 8 Boston
(City or Town)
No. 16 St. Andrews Rd Winthrop Community Hospital St.

2 FULL NAME Baby Boy Short
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 16 St. Andrews Rd St. 8 Boston
(Usual place of abode)
length of stay: In hospital or institution _____ years months days. In this community — yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) Single
MARRIED
WIDOWED
or DIVORCED
5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)
6 Age of husband or wife if alive _____ years
7 IF STILLBORN, enter that fact here. Stillborn
8 AGE _____ Years _____ Months _____ Days If less than 1 day
Hours _____ Minutes
9 Usual Occupation: _____
10 Industry _____
or Business: _____
11 Social Security No. _____
12 BIRTHPLACE (City) Winthrop
(State or country) Mass.
13 NAME OF FATHER Lynar W. Short
14 BIRTHPLACE OF FATHER (City) Bayceville
(State or country) Wisconsin
15 MAIDEN NAME OF MOTHER Catherine A. Ryan
16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

PARENTS

17 Mrs. Ann Hart Relation, if any Aunt
Informant (Address) 14 St. Andrews Rd. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers, Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
8/13/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 12 - 1943
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h.....alive on....., 19____, death is said to have occurred on the date stated above, at 7:15 p.m.
Immediate cause of death Stillborn 8 1/2 months
Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Date of _____
Of autopsy _____
What test confirmed diagnosis? _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify Charles Melroe M. D.
(Signed) 305 Haver St. Boston Date Aug 12 - 1943
(Address) _____
21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 14 19 43
22 NAME OF FUNERAL DIRECTOR W. J. Kelly
ADDRESS 11 Meriden St., E. B.

Received and filed Aug 23 1943 19____

A TRUE COPY ATTEST:

(Registrar)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws, Chap. 46, Sec. 9.

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(i) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 130

1 PLACE OF DEATH Suffolk
(County)
Wintthrop
(City or Town)
No. 47 Cliff Ave
2 FULL NAME Harold C. Ingalls
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 47 Cliff Ave St. Wintthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 15 years months days. In this community 4 yrs. mos. days.
(Before death) (Specify whether)

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Married
MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced Therese M. Risten
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive 66 years
7 IF STILLBORN, enter that fact here.
8 AGE 58 Years — Months — Days If less than 1 day Hours — Minutes
9 Occupation: Wire Chief
Industry or Business: New England Tel. Tel. Co.
11 Social Security No. 021-09-8465
12 BIRTHPLACE (City) Cyracuse
(State or country) New York
13 NAME OF FATHER Fred W. Ingalls
14 BIRTHPLACE OF FATHER (City) Penn
(State or country) Mass
15 MAIDEN NAME OF MOTHER Dora Bassford
16 BIRTHPLACE OF MOTHER (City) Livermore Falls
(State or country) Maine
17 Mrs. Florence M. Ingalls Relation, if any
Informant (Address) 47 Cliff Ave Wintthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chidress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/16/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 14 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 13, 1943, to August 14, 1943
I last saw him alive on August 14, 1943, death is said to
have occurred on the date stated above, at 12:30 P. m.

Immediate cause of death Cerebral Hemorrhage Duration 1 day
IMPORTANT

Due to Arteriosclerosis 2-3 mos.

Due to

Other conditions none
(Include pregnancy within 3 months of death) IMPORTANT

Major findings: none Physician Underline
Of operations none the cause to
which death
should be
charged statistically.

Of autopsy none Date of

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?
If so, specify death of brain M. D. Aug 14 1943

(Signed) Dr. J. E. Smith Date Aug 14 1943

(Address) 102 W. 1st St. Date Aug 14 1943

Place of Burial, Cremation or Removal Wintthrop (City or town)
DATE OF BURIAL August 18, 1943

22 NAME OF FUNERAL DIRECTOR Robert J. Dwyer
ADDRESS 242 Washington Ave

Received and filed Aug 23 1943 19

(Registrar)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws, Chap. 46, Sec. 9.

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 199

1 PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)



No. 47 Cliff Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Harold C Ingalls

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 47 Cliff Ave

(Usual place of abode)

St. W

(If nonresident, give city or town and State)

Length of stay: In hospital or institution 15

(Before death)

(Specify whether)

years

months

days

In this community 4 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of Therese M Risten

(Give maiden name of wife in full)

(or) WIFE of Therese M Risten

(Husband's name in full)

6 Age of husband or wife if alive 66

years

7 IF STILLBORN, enter that fact here.

8

AGE 58 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: Wire Chief

Industry

or Business: New England Tel Tel Co

11 Social Security No. 021-09-8465

12 BIRTHPLACE (City)

(State or country) Cyracuse
New York

PARENTS

13 NAME OF

FATHER Fred W Ingalls

14 BIRTHPLACE OF

FATHER (City)

(State or country) Penn
name

15 MAIDEN NAME

OF MOTHER Dora Bassford

16 BIRTHPLACE OF

MOTHER (City)

(State or country) Livermore Falls
name

17

Information

(Address) 47 Cliff Ave Wintthrop Mass

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Chick

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

8/15/43

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH August 14 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 13, 1943, to August 14, 1943

I last saw him alive on August 14, 1943, death is said to

have occurred on the date stated above, at 12:30 P. m.

Immediate cause of death

Cerebral Hemorrhage

Duration

1 day

Due to Arteriosclerosis

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify death of brain

(Signed) Dr. J. C. Smith M. D.

(Address) 102 W. 1st St. Date Aug 14 1943

DATE OF BURIAL August 18, 1943

22 NAME OF

FUNERAL DIRECTOR Robert J. Dwyer

ADDRESS 242 Washington Ave

Received and Aided Aug 23 1943

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Harvard Hospital
9/1/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 121

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Station Hospital, Fort Banks, Mass. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME JOSEPH J. WORKMAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. Still River Village St. Harvard, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 0 years 0 months 0 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced HUSBAND of Hazel Vettes
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 28 years

7 IF STILLBORN, enter that fact here.

8 AGE 38 Years 4 Months 27 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Soldier

10 Industry or Business: Army of the U.S.

11 Social Security No. Unknown

12 BIRTHPLACE (City) Spencerville, Ohio
(State or country)

PARENTS

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant First Service Command Relation, If any
(Address) US Army Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 8/16/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 11 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on August 11, 1943, death is said to
have occurred on the date stated above, at 7:20 a.m.

Immediate cause of death Spasm of coronary artery
Duration IMPORTANT

Due to

Due to

Other conditions Pulmonary tuberculosis
(Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Date of Underline the cause to which death
Of autopsy Damaged aortic valve should be charged statistically.
What test confirmed diagnosis? Pulmonary I.B. None

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Duncan D. Pagan M.D.
(Address) Fort Belvoir, Boston Date Aug 11, 1943

21 Camp Belvoir, Ariz.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 17, 1943 19

22 NAME OF FUNERAL DIRECTOR Murray & Murray
ADDRESS 259 Beach St. Revere

Received and filed 8/28/43 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. *17-107-1000*Surroik
(County)Winthrop
(City or Town)No. *15 Thornton Park*
*Sidney*St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Charles S. Adams*
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence, No. *15 Thornton Park* St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community *50* yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Widowed*5a If married, widowed, or divorced *Emma L Ashley*
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE *92* years *9* Months *10* Days | If less than 1 day
Hours Minutes9 Occupation: *Printer (Retired)*Industry
10 or Business: *General*11 Social Security No. *None*12 BIRTHPLACE (City) *New Buffalo*
(State or country) *Mich.*13 NAME OF
FATHER *Isaac Adams*14 BIRTHPLACE OF
FATHER (City) *Unable to obtain*
(State or country)15 MAIDEN NAME
OF MOTHER *Mary Moore*16 BIRTHPLACE OF
MOTHER (City) *Unable to obtain*
(State or country)17 Informant *Kate S Payne* (Relationship) *Daughter*
(Address) *15 Thornton Park*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Wm. S. Childress*
(Signature of Agent of Board of Health or other)*Health Officer* (Official Designation) *8/17/43* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 16, 1943*
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....I last saw him alive on 19....., death is held to
have occurred on the date stated above, at *5:30 a.m.*

Immediate cause of death:

Generalized Atherosclerosis

Duration

10 years
IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations *None*

Date of

Of autopsy *None*

What test confirmed diagnosis?

IMPORTANT
PhysicianUnderline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify(Signed) *Sydney G. Perkins* M. D.
(Address) *Board of Health* Date *Aug 16, 1943*21 *Winthrop* *Winthrop*
Place of Burial, Cremation or Removal. (City or Town)DATE OF BURIAL *August 18* *43*22 NAME OF FUNERAL DIRECTOR *Howard S. Reynolds*
ADDRESS *Winthrop Mass*

Received and filed 19.....

100-2-1003 (Registrar)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 176

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 59 Cottage Ave.



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edward S. Snow
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, none
if so specify WAR)

(a) Residence, No. 59 Cottage Ave St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 52 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced Alice Rose Snow
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 3 Months 22 Days | If less than 1 day
Hours _____ Minutes _____

Usual Buyer
9 Occupation:

Industry Wholesale Fruit
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Rockland
(State or country) Me.

13 NAME OF FATHER George Snow

14 BIRTHPLACE OF FATHER (City) Rockland
(State or country) Me.

15 MAIDEN NAME OF MOTHER Lucy Snow

16 BIRTHPLACE OF MOTHER (City) Rockland
(State or country) Me.

17 Alice Rose Snow Wife If any
Informant 59 Cottage Ave Winthrop
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress Jr.
(Signature of Agent of Board of Health or other)

Health Officer 8/19/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 17 43
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 11, 1942, to Aug 17, 1943
I last saw him alive on Aug 17, 1943, death is said to
have occurred on the date stated above, at 11:20 A.M.

Immediate cause of death
Generalized Arterio Sclerosis
Chronic myocarditis
Due to Age

Duration
12 years
1 year

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Date of _____
Of autopsy none
What test confirmed diagnosis? Clinical

IMPORTANT
Physician
Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Richard W. White M. D.
(Address) 147 Winthrop St. Winthrop Date Aug 17, 1943

21 Place of Burial, Cremation or Removal Rockland Me.
(City or Town)
DATE OF BURIAL Aug 20, 1943

22 NAME OF FUNERAL DIRECTOR Richard W. White
147 Winthrop St. Winthrop
ADDRESS

Received and filed AUG 23 1943, 1943

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 11011 PLACE OF DEATH
Winthrop
(City or Town)
No. Winthrop Community Hospital2 FULL NAME Margaret Whitney
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 453 Shirley St. Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hosp. years months 6 days. In this community 60 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Charles O. Whitney
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 7 Months 19 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: House wifeIndustry
10 or Business: Own Home11 Social Security No. None12 BIRTHPLACE (City)
(State or country) Canada13 NAME OF
FATHER Unable to obtain14 BIRTHPLACE OF
FATHER (City) Unable to obtain
(State or country) Canada15 MAIDEN NAME
OF MOTHER Unable to obtain16 BIRTHPLACE OF
MOTHER (City) Unable to obtain
(State or country) Canada17 Informant John Flanagan Relation Son
(Address) 453 Shirley St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:William S. O'Connell
(Signature of Agent of Board of Health or other)Health Officer (Official Designation) 8/19/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH August-17-1943
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)collapse while under the influence
of spinal anesthesia
given for fixation of fracture of femur20 Accident, suicide, or homicide (specify) accident
Date of occurrence 19Where did
Injury occur? Winthrop
(City or town and State)Did Injury occur in or about home, on farm, in industrial place, or in public
place? home
(Specify type of place)Manner of Injury Fell accidentally at her homeNature of Injury on August 11-1943While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Myocardial Infarction, M. D.
(Signed) August-17-1943
(Address) Boston22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)DATE OF BURIAL August 20 194323 NAME OF
FUNERAL DIRECTOR Howard S. ReynoldsADDRESS Winthrop, Mass.Received and filed AUG 23 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull, with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent:Registered No. 1281 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
21 Loring RoadNo. Christian Frederick William Barnes
JamesSt. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 21 Loring Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution years months days In this community 10 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed
5a If married, widowed or divorced
HUSBAND of Marie Anna Barnes
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 5 Months 24 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Instructor State Prison

10 Industry (retired)

11 Social Security No. None

12 BIRTHPLACE (City) Germany
(State or country)

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Christiani, Kuhoft

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)17 Informant Helen Hansen (Daughter)
(Address) 21 Loring Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:William D. Childress
(Signature of Agent of Board of Health or other)
Agent Aug 21/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 18 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 18, 1943, to Aug 18, 1943.
I last saw him alive on Aug 18, 1943, death is said to
have occurred on the date stated above, at 6 P. m.Immediate cause of death Coronary
Thrombosis Duration
IMPORTANT
23 hrs.Due to Ch. Hypertensive Heart
Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Cholesterol

20 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Robert J. [Signature] M. D.
(Address) 145 [Address] Date Aug 18 194321 Woodlawn Cemetery Everett
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 22 1943

22 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons

ADDRESS Boston, Mass.

Received and filed Aug. 23, 1943

(Registrar)

PARENTS

100-1-2-4-2-8855

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Certificate returned for order Medical Examiner
Suffolk County as acting physician for West
Board of Health

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 1190



1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME John S. Riley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Beacon St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 1 days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed or divorced
HUSBAND of Mary A. Simpson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired Laborer

10 Industry Town

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER John Riley

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Johanna Carroll

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant James Riely (Address) 35 Beal St. (Relation, if any) Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer 8/30/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 19 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1943, to Aug 19, 1943

I last saw him alive on Aug 19, 1943, death is said to have occurred on the date stated above, at 3:00 p.m.

Immediate cause of death Coronary Thrombosis

Duration

IMPORTANT

Due to Coronary Disease 2 1/2 yrs

Due to Ch. Hypertensive Heart Dis. yrs

Other conditions Smoker
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations: Physician

Date of Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Doctor M. D.
(Address) 145 W. 1st St. Date 8/19 1943

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 21 1943

22 NAME OF FUNERAL DIRECTOR John H. O'Malley

ADDRESS Winthrop

Received and filed 8/30/43 19

(Registrar)

**EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 88, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

9/9/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 120

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. En Route to Winthrop community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Riva Salvin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 592 Ocean ave St. Revere Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARKED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Max Salvin (Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years Months Days If less than 1 day Hours Minutes

9 Occupation: H. housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Louis Segalov

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Bessie - cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Max Salvin (Address) 592 Ocean Ave Revere Mass (Relation of informant to deceased) Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Olinde (Signature of Agent of Board of Health or other)

Agent Aug 20/43 (Official designation) (Date of issue of permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 20 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1943, to Aug 20, 1943. I last saw him alive on Aug 20, 1943, death is said to have occurred on the date stated above, at 12:30 P.M.

Immediate cause of death Pulmonary embolism

Duration

IMPORTANT

Due to Pelvic operation

Due to suppurative repair & suppuration

Due to suppurative repair & suppuration

Other conditions: Hypertension, Heart disease

(Include pregnancy within 3 months of death)

Major findings: Recto-cervical cystitis

Of operations: Carcinomatous Date of Aug 3, 1943

Of autopsy: Heart

What test confirmed diagnosis? Heart

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William Shavelson M. D.

(Address) 37 North St. Date: 10 1943

21 Everett J. Walsh Cem. Everett Mass Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 22, 1943

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky

ADDRESS 10 Washington St. Dorchester Mass.

Received and filed AUG 24 1943 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, aethenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 181

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 126 Court rd



2 FULL NAME Mrs. Ada Letitia (Crowell) Hiltz
(If deceased is a married, widowed or divorced woman, give also maiden name)
(a) Residence. No. 126 Court Road St. 30
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of George H. Hiltz
(Give maiden name of wife in full)
(or) WIFE of George H. Hiltz
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Housewife

Industry
10 or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Nova Scotia

13 NAME OF
FATHER James Crowell

14 BIRTHPLACE OF
FATHER (City)
(State or country) Nova Scotia

15 MAIDEN NAME
OF MOTHER Mary Stevens

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Nova Scotia

17 Informant Mrs. John Doleman (Daughter)
(Address) 126 Court Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chickales, Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/24/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 23 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug 23, 1943, to Aug 23, 1943
I last saw her alive on Aug 23, 1943, death is said to
have occurred on the date stated above, at 3:30 p.m.

Immediate cause of death

Spontaneous Cerebral Hemorrhage and 24 hours **IMPORTANT**

Due to Old age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? Clinical

IMPORTANT
Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Byrdie W. Richardson M. D.
(Address) Board of Health Date Aug 23, 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 25 1943

22 NAME OF
FUNERAL DIRECTOR John F. O'Neley
ADDRESS Winthrop

Received and filed AUG 25 1943

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Increase statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

BOSTON NOTIFIED
9/9/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 189

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Station Hospital, Port Banks, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SYDNEY OLANSKY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) World War II

(a) Residence, No. 76 Fowler Street St. Dorchester, Mass. (If nonresident, give city or town and State)

Length of stay: In hospital or institution 15 minutes years months days In this community 0 yrs. 0 mos. 0 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive year

7 IF STILLBORN, enter that fact here.

8 AGE 29 Years 11 Months 26 Days If less than 1 day Hours Minutes

Usual 9 Occupation: Soldier

Industry 10 or Business: U. S. Army

11 Social Security No. 011-01-2638

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Max Olansky

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Ida Cohen

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Abraham Olansky (Address) 56 Gray Cliff Road, Brighton, Mass. Relation, if any (brother)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent or Board of Health or other)

Health Officer 8/25/43 (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 24 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 24 1943, to August 24 1943.

I last saw him alive on August 24 1943, death is said to have occurred on the date stated above, at 11:52 p.m.

Immediate cause of death Meningitis, etiology unknown.

Duration 18 hrs.

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: None

Date of

Of autopsy High cell count in spinal fluid

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) H. C. Nathan, 1st Lieut., M. D. (Address) Port Banks, Mass. Date Aug 25 1943

21 Hebrew Progressive W. Korbey

Place of Burial, Crenation or Removal (City or Town)

DATE OF BURIAL Aug 26 1943

22 NAME OF FUNERAL DIRECTOR Frank H. Levine

ADDRESS 394 Washington St. - Dorchester

Received and filed 19

AUG 25 1943

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the Cuban relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent afore-said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

A

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

No. 26 Pleasant St

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 100

PHYSICIAN - IMPORTANT

2 FULL NAME Josephine V. Ryan Kneeland

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Pleasant St

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community 16 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of(or) WIFE of David Kneeland
(Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days if less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER John Ryan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Flannery

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant David Kneeland (Husband)
(Address) 26 Pleasant StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or cremation permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 8/27/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 25 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug 8 1943 to Aug 25 1943
I last saw her alive on Aug 25 1943, death is said to
have occurred on the date stated above, at 5:30 p.m.

Immediate cause of death: Cancer of the Colon Duration 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer
Of operations: Cancer
Date of: Aug 11 1943
Of autopsy: none
What test confirmed diagnosis? pathological

Physician

Underline
the cause to
which death
should be a
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? No
if so, specify(Signed) William D. Robinson M. D.
(Address) Winthrop Date Aug 26 194321 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 28 1943 1922 NAME OF FUNERAL DIRECTOR William M. Macey
ADDRESS Winthrop

Received and filed AUG 31 1943 19

(Registrar)

PARENTS

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

124 Cliff Ave.

St.

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 131

2 FULL NAME

Arnes M. (Pelcher) Tenny

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

124 Cliff Ave.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution.

years

months

days.

In this community 33 yrs. mos. days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

18 DATE OF DEATH

Aug 26 1943

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw h... alive on 19... death is said to have occurred on the date stated above, at 7:45 a.m.

Immediate cause of death

Cancer of the colon about one year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Important

Major findings:

Of operations

Cancer

Date of death 1943

Of autopsy

None

What test confirmed diagnosis?

Clinical

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sydney H. Richardson, M. D.

(Address) Bond St. Health Dept. Date Aug 27 1943

21

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

19...

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

19...

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

17 Informant (Address)

Elmer C. Tenny

Relation, if any

(Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit) 8/27/43

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 105



Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Dorothea Bergin Lucey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(e) Residence. No. 30 Plummer Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution (Before death) (Specify whether) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of Timothy Lucey (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 43 years

7 IF STILLBORN, enter that fact here.

8 43 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry Own Home

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Daniel J. Bergin

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Keefe

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant Timothy Lucey Relation, if any Husband (Address) 30 Plummer Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or cremation permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 8/30/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 28 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1941, to Aug 25, 1942

I last saw him alive on Aug 25, 1942, death is said to have occurred on the date stated above, at 10:15 p.m.

Immediate cause of death

Duration

IMPORTANT about 2 yrs

Due to Carcinoma of Breast

Due to

Other conditions Carcinoma of Breast

(Include pregnancy within 3 months of death)

Major findings: Of operations Radical Breast Op.

1 year ago Date of

Of autopsy Stenocardia

What test confirmed diagnosis? Pathology

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. J. Magowan M. D.

(Address) 1101 Beacon St. Date 8/28/43

21 Holy Cross Maiden (City or Town)

DATE OF BURIAL Aug 31 1943

22 NAME OF FUNERAL DIRECTOR John J. O'Malley

ADDRESS Winthrop

Received and filed AUG 31 1943 (Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given or changed on account of illness or disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

Suffolk
(County)
Winthrop, Mass.
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 186

No. 22 Washington ave Winthrop (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Gill (McDonough)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 22 Washington ave Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community 16 yrs. 6 mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

18 DATE OF DEATH August 30 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Gill
(or) WIFE of Thomas Edward Gill
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1943, to Aug. 30, 1943.
I last saw her alive on Aug. 30, 1943 death is said to

6 Age of husband or wife if alive 22 years

have occurred on the date stated above, at 12:15 P. M.

7 IF STILLBORN, enter that fact here.

Immediate cause of death.

8 AGE 84 Years 10 Months 29 Days If less than 1 day Hours Minutes

Chronic Myocarditis
Generalized arterio-sclerosis

Usual Occupation: at Home

Due to.

Industry or Business: assisting at house work
work adopted daughter

Due to.

11 Social Security No.

12 BIRTHPLACE (City) Ireland
(State or country)

Other conditions. None
(Include pregnancy within 3 months of death)

13 NAME OF FATHER Martin McDonough

Major findings:
Of operations. None

14 BIRTHPLACE OF FATHER (City) unknown
(State or country) Ireland

Date of.

15 MAIDEN NAME OF MOTHER Ann Carson

Of autopsy. None

16 BIRTHPLACE OF MOTHER (City) unknown
(State or country) Ireland

What test confirmed diagnosis? clinical

17 Informant Mrs Ann J. Hoke (Address) 22 Washington ave (Relationship) daughter

20 Was disease or injury in any way related to occupation of deceased? No.

(Signed) Sydney A. Burton, M. D.
(Address) Winthrop, Mass. Date Aug. 31-43

21 St Joseph Cemetery West Roxbury, Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 1, 1943

22 NAME OF FUNERAL DIRECTOR Chas. P. Bennett
ADDRESS Winthrop Mass

Received and filed 19

AUG 31 1943

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Gilchrist
(Signature of Agent of Board of Health or other)
Health Officer 8/31/43
(Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purpose of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Mass. notified 9/9/43

1 PLACE OF DEATH *Suffolk* (County)
Waltham (City or Town)
No. *27* *Seven*

2 FULL NAME *Mary E. Fitzgerald*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. *43* *Marston* St. *Medford, Mass.*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community *18* yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* **4** COLOR OR RACE *White* **5** SINGLE (write the word) *Widow*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of *Thomas Fitzgerald* (Husband's name in full)

6 Age of husband or wife if alive _____ year

7 IF STILLBORN, enter that fact here.

8 AGE *77* Years *4* Months *29* Days | If less than 1 day _____ Hours _____ Minutes

9 Usual Occupation: *At home*

10 Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) _____ (State or country) *Ireland*

13 NAME OF FATHER *Matthew Cahill*

14 BIRTHPLACE OF FATHER (City) _____ (State or country) *Ireland*

15 MAIDEN NAME OF MOTHER *Unknown*

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) *Ireland*

17 Informant *Mrs. Ellen Anderson* Relation, if any *Sister*
(Address) *43 Marston St. Med. Mass.*

18 DATE OF DEATH *August 31* 19*43*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Aug. 25*, 19*43*, to *Aug. 31*, 19*43*.
I last saw her alive on *Aug. 31*, 19*43* death is said to have occurred on the date stated above, at *9:45 P.* m. Duration *1.3423*
Immediate cause of death *chronic myo-carditis and chronic nephritis* **IMPORTANT**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____ **IMPORTANT**
Major findings: *None* Of operations _____
Of autopsy *None* Date of _____
What test confirmed diagnosis? *Clinical* Physician _____
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *Sydney A. Dickinson* M. D.
(Address) *Waltham, Mass.* Date *Sept. 21* 19*43*

21 Place of Burial, Cremation or Removal *Oak Grove - Medford* (City or Town)
DATE OF BURIAL *Sept. 3*, 19*43*

22 NAME OF FUNERAL DIRECTOR *Frank W. Brown*
ADDRESS *11 Pembroke St. Medford*

Received and filed *SEP 2* 19*43* _____
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Anderson
(Signature of Agent of Board of Health or other Health Officer) *9/2/43*
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *107*

SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* **4** COLOR OR RACE *White* **5** SINGLE (write the word) *Widow*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of *Thomas Fitzgerald* (Husband's name in full)

6 Age of husband or wife if alive _____ year

7 IF STILLBORN, enter that fact here.

8 AGE *77* Years *4* Months *29* Days | If less than 1 day _____ Hours _____ Minutes

9 Usual Occupation: *At home*

10 Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) _____ (State or country) *Ireland*

13 NAME OF FATHER *Matthew Cahill*

14 BIRTHPLACE OF FATHER (City) _____ (State or country) *Ireland*

15 MAIDEN NAME OF MOTHER *Unknown*

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) *Ireland*

17 Informant *Mrs. Ellen Anderson* Relation, if any *Sister*
(Address) *43 Marston St. Med. Mass.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Anderson
(Signature of Agent of Board of Health or other Health Officer) *9/2/43*
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH *August 31* 19*43*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Aug. 25*, 19*43*, to *Aug. 31*, 19*43*.

I last saw her alive on *Aug. 31*, 19*43* death is said to have occurred on the date stated above, at *9:45 P.* m. Duration *1.3423*

Immediate cause of death *chronic myo-carditis and chronic nephritis* **IMPORTANT**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____ **IMPORTANT**

Major findings: *None* Of operations _____

Of autopsy *None* Date of _____

What test confirmed diagnosis? *Clinical* Physician _____

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Sydney A. Dickinson* M. D.

(Address) *Waltham, Mass.* Date *Sept. 21* 19*43*

21 Place of Burial, Cremation or Removal *Oak Grove - Medford* (City or Town)

DATE OF BURIAL *Sept. 3*, 19*43*

22 NAME OF FUNERAL DIRECTOR *Frank W. Brown*

ADDRESS *11 Pembroke St. Medford*

Received and filed *SEP 2* 19*43* _____

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

138

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Johanna C. S. Mackie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

32 Billows

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

5 years 3 months 6 days

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

female white

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James Mackie

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

82

AGE Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

At home

Industry

10 or Business:

11 Social Security No.

none

12 BIRTHPLACE (City) Dundee,
(State or country)

Scotland

13 NAME OF

FATHER

Robert Stevens

14 BIRTHPLACE OF

FATHER (City)

England

(State or country)

15 MAIDEN NAME

OF MOTHER

Mary Walker

16 BIRTHPLACE OF

MOTHER (City)

Scotland

(State or country)

17

Informant
(Address)

M.K. McPhillips

Relation, if any

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/11/43

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 31, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Apr. 25 1938, to July 31, 1943

I last saw her alive on July 31, 1943

death is said to have occurred on the date stated above, at 8:45P m.

Duration

Immediate cause of death

Myocardial failure 3 days

Generalized arteriosclerosis

-0 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Maletz

(Address)

DSH

M. D. 8/6/43 19

21 PLACE OF BURIAL, No. Danville Danville,
CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

8/3/43

19

22 NAME OF

FUNERAL DIRECTOR

Richard Piper

ADDRESS

Danville, N.H.

Received and filed

SEP 11 1943

19

(Registrar of City or Town where deceased resided)

Essex

The Commonwealth of Massachusetts

Danvers

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

189

COPY OF
CERTIFICATE OF DEATH

Registered No.

1
PLACE OF DEATH(County)
Danvers

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Peter Fagan

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 132 Winthrop Shore Drive
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years 10 months 2 days

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED single
or DIVORCED13 DATE OF
DEATH

August 8, 1943

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 6, 1942 to Aug. 8, 1943I last saw him alive on Aug. 8, 1943 death is said to
have occurred on the date stated above, at 7:05A.m.

Duration

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 63
AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

janitor

Industry

10 or Business:

11 Social Security No. cannot be learned

12 BIRTHPLACE (City) Watertown
(State or country)13 NAME OF
FATHER

James Fagan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Mary ----

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17 Informant
(Address)

M. K. McPhillips

(Relation, if any)

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

8/16/43

19

Immediate cause of death
Arteriosclerotic heart disease

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Abraham Gardner

(Signed)

DSH

(Address)

Date

8/15/43 M. D.

21 PLACE OF BURIAL, St. Paul
CREMATION OR REMOVAL

Arlington

(Cemetery) 8/10/43 (City or Town)

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

Daniel F. O'Brien

ADDRESS

Cambridge

Received and filed

19

(Registrar of City or Town where deceased resided)



Suffolk

The Commonwealth of Massachusetts

BOSTON

(City or town making return)

100
7899OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

1 PLACE OF DEATH

(County)

Boston

(City or Town)

No. P. B. Brigham Hospital

2 FULL NAME Harold Wilbur Rand
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

33 Chester Avenue

St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution
(Before death)

years

months 13 days.

In this community

yrs.

mos. 13 days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Marion Evans

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 2 Months 24 Days | If less than 1 day
Hours Minutes

Usual

9 Occupation: Postal Clerk

10 Industry or Business: U. S. Post Office

11 Social Security No. 014-12-7634

12 BIRTHPLACE (City)
(State or country) Standish, Maine

PARENTS

13 NAME OF
FATHER Wilbur Rand14 BIRTHPLACE OF
FATHER (City) ----
(State or country) Maine15 MAIDEN NAME
OF MOTHER Mary Cressey16 BIRTHPLACE OF
MOTHER (City)
(State or country) Maine17 Informant (Address)
(Relation, if any)
(wife)

A TRUE COPY.

ATTEST: Francis J. Gay
(Registrar of city or town where death occurred)

DATE FILED August 27 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

August 23

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 11 1943, to August 23, 1943.I last saw him alive on August 23, 1943, death is said to
have occurred on the date stated above, at 4:20 p.m.

Immediate cause of death

Carcinoma of tail of pancreas
metastasis to portal lymphnodes &
liver - jaundice - thrombic
in branch of portal vein

Duration

mos.

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. W. Benjamin M. D.
(Address) P. B. B. Hosp. Date 8-24 194321 PLACE OF BURIAL Woodlawn Crem. Everett, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL August 26 1943

22 NAME OF
FUNERAL DIRECTOR H. S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 191

PLACE OF DEATH

Hampden

(County)

Monson

(City or Town)

No. Monson State Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Martha Staples

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

23 Taft Ave.

St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years 6 months 19 days.

In this community

yrs. 6 mos. 19 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife If alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 1 Years 11 Months 15 Days | If less than 1 day

Hours Minutes

Usual

9 Occupation: none

Industry

10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City)

Gardener

(State or country)

Maine

13 NAME OF

FATHER

Grant Staples

14 BIRTHPLACE OF

FATHER (City)

Blue Hill

(State or country)

Maine

15 MAIDEN NAME

OF MOTHER

June E. Smith

16 BIRTHPLACE OF

MOTHER (City)

Watertown

(State or country)

N.Y.

17

Informant
(Address)

Grant Staples

Relation if any

(father)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

September

2, 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept. 1,

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb. 13, 19 43, to Sept. 1, 19 43I last saw her alive on Sept. 1, 19 43, death is said to
have occurred on the date stated above, at 12:25 p.m.

Duration

Immediate cause of death

Epilepsy

Hydro Cephalus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

none

Clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Florence G. Beaulieu

M. D.

(Address)

Monson State Hosp. 9/1 19 43

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Whitefield Cem.

(Cemetery) Whitefield, Mass.

DATE OF BURIAL

Sept. 3,

19 43

22 NAME OF

FUNERAL DIRECTOR

J. F. Loftus

ADDRESS

Palmer, Mass.

Received and filed

September 2, 1943 19

(Registrar of City or Town where deceased resided)



10/9/43

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 192To be filed for burial permit
with Board of Health
or its Agent.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)2 FULL NAME Baby Boy Rizzo

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 22 Moon St.

(Usual place of abode)

St. Boston

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)6 Age of husband or wife if alive years7 IF STILLBORN, enter that fact here. Stillborn8 AGE — Years Months Days If less than 1 day
Hours Minutes Usual
9 Occupation: Industry
10 or Business: 11 Social Security No. 12 BIRTHPLACE (City) Binthrop
(State or country)13 NAME OF
FATHER Joseph Rizzo14 BIRTHPLACE OF
FATHER (City) Boston
(State or country)15 MAIDEN NAME
OF MOTHER Anna Tello16 BIRTHPLACE OF
MOTHER (City) Boston
(State or country)17 Informant Giulia Rizzo Grandmother
(Address) Fulton Pl 23 BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childress
(Signature of Agent of Board of Health or other)Health Officer 9/3/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH September 2 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Sept 2, 1943, to Sept 2, 1943.I last saw him alive on , 1943, death is said tohave occurred on the date stated above, at 6:48 p. m.Immediate cause of death Duration

IMPORTANT

Due to Stillborn
at 6 monthsDue to Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Physician

Date of Of autopsy What test confirmed diagnosis? Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Charles Valente M. D.
(Address) 91 Forest St. Date 9/3/4321 St. Michael Boston
Place of Burial, Cremation or Removal Sept 3 City 1943 (Town)DATE OF BURIAL 194322 NAME OF
FUNERAL DIRECTOR Cino Cincootti
ADDRESS 3 North Sq-BostonReceived and filed SEP 9 1943 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths **sup-**
posably due to **injury**. These include not only deaths caused directly or in-
directly by **traumatism** (including **resulting septicemia**), and by the action
of chemical (drugs or poisons), thermal, or electrical agents, and deaths
following abortion, but also deaths from disease **resulting from injury or**
infection related to occupation, the sudden deaths of persons not disabled
by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this column for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 8181

193

1 PLACE OF DEATH

(County)

Boston

(City or Town)

No. Copley Plaza Hotel

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Artemas Brockway Poor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 115 Circuit Road

St. Winthrop Center, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution years 8 months days.
(Before death) (Specify whether)

In this community yrs. 8 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDDED Single
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 4 Months 13 Days | If less than 1 day
Hours Minutes

Usual Occupation: Vice President

10 Industry or Business: Employer's Insurance Co.

11 Social Security No. 012-03-4808

12 BIRTHPLACE (City)
(State or country) Chelsea, Mass.

13 NAME OF FATHER Joseph Lincoln Poor

14 BIRTHPLACE OF FATHER (City) Robbinston
(State or country) Maine

15 MAIDEN NAME OF MOTHER Harriette A. Wyman

16 BIRTHPLACE OF MOTHER (City) Calais
(State or country) Maine17 Informant Miss Gladys P. Phippin (Relation Sibling)
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept. 8 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 3 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
January 6, 1943, to Sept 3, 1943I last saw him alive on Sept 3, 1943, death is said to
have occurred on the date stated above, at 10 P.m.

Immediate cause of death

Bronchopneumonia
cardiac failure

Duration

36 hrs

Due to Coronary arteriosclerosis

Due to 1 to 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Electrocardiogram

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) D. F. Mahoney, M. D.
(Address) The Copley Plaza Date 9-4 194321 PLACE OF BURIAL Woodlawn Cem. Everett, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Sept 7 1943

22 NAME OF FUNERAL DIRECTOR J. S. Waterman
ADDRESS Boston, Mass.

Received and filed Sept 1 1943 19

(Registrar of City or Town where deceased resided)

PARENTS



1 PLACE OF DEATH *Supple* (County) *Winthrop* (City or Town) *Fort Banks Hospital* No. *Elgin* 10/9/43

2 FULL NAME *Ronald O. Wagner* (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. *Stewart Ave* (Usual place of abode) *Elgin* St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE (write the word) *married* MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of *Erlyn* (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years 7 IF STILLBORN, enter that fact here.

8 AGE *32* Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: *Soldier* Industry *U S Army* 10 or Business:

11 Social Security No. *unknown* 12 BIRTHPLACE (City) *Elgin* (State or country) *Illinois*

13 NAME OF FATHER *CIBIL* 14 BIRTHPLACE OF FATHER (City) *CIBIL* (State or country)

15 MAIDEN NAME OF MOTHER *CIBIL* 16 BIRTHPLACE OF MOTHER (City) *CIBIL* (State or country)

17 Informant *Fort Banks* (Relation, if known) *U S Army*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: *Wm. S. Childress* (Signature of Agent of Board of Health or other Health Officer) *9/10/43* (Official Designation) (Date of Issue of Permit)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit Registered Board of Health or its Agent. 104

18 DATE OF DEATH *Sept 3 - 1943* (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) *Multiple injuries including fractured pelvis & ruptured liver*

20 Accident, suicide, or homicide (specify) *Presumably accidental* Date of occurrence *Sept - 3 - 1943* Where did injury occur? *Boston* (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? *School* (Specify type of place)

Manner of Injury *Fell from a window at* Nature of Injury *Boston on Sept - 3 - 1943* While at work? *?* Was there an autopsy? *yes*

21 Was disease or injury in any way related to occupation of deceased? *-* If so, specify *Mr. J. Brickley M.D.* (Signed) (Address) *Boston Sept - 4 - 1943*

22 *Elgin Illinois* Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL *Sept 8* 1943

23 NAME OF FUNERAL DIRECTOR *Murray Murray* ADDRESS *254 Beale St Lowell*

Received and filed *SEP 8 1943* 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent

Registered No. 1945

STANDARD
CERTIFICATE OF DEATH1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ellsworth Burrill
(If deceased is a married, widowed or divorced woman, give also maiden name.){ PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 46 Thornton Park St.
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution Hospital years months 5 days. In this community 80 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed5a If married, widowed, or divorced Annie Cobb
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months 25 Days If less than 1 day
Hours Minutes

9 Occupation: Chief of Police (Retired)

10 Industry or Business: Winthrop Police Dept.

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 4 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
August 15, 1943, to September 4, 1943
I last saw him alive on September 4, 1943, death is said to
have occurred on the data stated above, at 2:30 A.M.Immediate cause of death Chronic Interstitial Nephritis 1 year
IMPORTANT

Due to Uremia 3 days

Due to Perilicity 6 mos

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Data of

Of autopsy none

What test confirmed diagnosis Clinical + Lab

IMPORTANT
Physician
Underline
the cause to
which death
should be a
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Jacob A. Chaus M. D.
(Address) 127 Stanley St. Boston, Mass. Date Sept. 7, 194321 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 7, 194322 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed SEP 9 1943 19

(Registrar)

PARENTS

13 NAME OF FATHER Ebben Burrill

14 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Lucy E Chase

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.17 Informant Laura Burrill Relation, if any
(Address) 46 Thornton Park daughterI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/7/1943

EXTRACTS FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, and the Mexican ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 441 Winthrop Street



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 196

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Daniel J. Cash
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 441 Winthrop St
(Usual place of abode)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution years months days. In this community 17 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed or divorced
HUSBAND of Margaret MacDonald
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: Retired SteamfitterIndustry
10 or Business: Swift Co

11 Social Security No. 021-01-6057

12 BIRTHPLACE (City)
(State or country) Nova Scotia13 NAME OF
FATHER Daniel Cash14 BIRTHPLACE OF
FATHER (City)
(State or country) Nova Scotia15 MAIDEN NAME
OF MOTHER Mary MacKimion16 BIRTHPLACE OF
MOTHER (City)
(State or country) Nova Scotia17 Informant Margaret Cash
(Address) 441 Winthrop St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

John D. Childress
(Signature of Agent of Board of Health or other
agent)

H.O. (Official Designation) (Date of Issue of Permit) Sept 8/43.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Sept 6 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Sept 1, 1943, to Sept 6, 1943
I last saw him alive on Sept 6, 1943 death is said to
have occurred on the date stated above, at 6:15 p.m.

Immediate cause of death

Duration

IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? X-ray

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) J. D. Childress M. D.
(Address) 441 Winthrop St Winthrop 194321 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL September 9-1943 1922 NAME OF
FUNERAL DIRECTOR John J. Malley
ADDRESS Winthrop, Massachusetts

Received and filed SEP 9 1943 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make no entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its AgentRegistered No. 1943

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 59 Cottage Park Rd.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elmer Lake Porter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 59 Cottage Park Rd,
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 22 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Addie Blaney
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 years 11 Months 3 Days | If less than 1 day
Hours Minutes

Usual Occupation: Agent (Retired)

Industry or Business: Railroad Station

11 Social Security No. 023-10-6723

12 BIRTHPLACE (City) Wenham
(State or country) Mass

13 NAME OF FATHER Sylbanus Porter

14 BIRTHPLACE OF FATHER (City) Hamilton
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Mary ***

16 BIRTHPLACE OF MOTHER (City) Hamilton
(State or country) Mass.

17 Informant Addie Porter Relation, if any
(Address) 59 Cottage Park Rd. Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Schellhess
(Signature of Agent/Board of Health or other)

H. S. after Sept. 9/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 5, 1943, to Sept 7, 1943

I last saw him alive on Sept 6, 1943, death is said to
have occurred on the date stated above, at 4:30 P.M.

Immediate cause of death.

Coronary Thrombosis

Duration

1 year

Due to Senile Myocarditis

5 years

Due to

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Date of

Of autopsy: none

What test confirmed diagnosis? Clinical Signs

IMPORTANT
Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. O. P.

(Address) Winthrop

M. D.

Date Sept 8, 1943

21 Swampscott Swampscott

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 9 1943

22 NAME OF FUNERAL DIRECTOR Howard S. Burdick

ADDRESS Winthrop Mass.

Received and filed SEP 9 1943 19

(Registrar)

LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as deceased by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state and the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased was in the navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 108

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)



No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Mary E. Foley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 133 Cliff Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp years months days. In this community 36 yrs. - mos. - days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED widowed

5a If married, widowed or divorced HUSBAND of John S. Foley
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: At Home

Industry or Business: None

11 Social Security No. none

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER John Marshall

14 BIRTHPLACE OF FATHER (City) Boston,
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine Sheehan

16 BIRTHPLACE OF MOTHER (City) St. John,
(State or country) New Brunswick

17 Informant Zita Foley (daughter)
(Address) 133 Cliff Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Health or other)

(Official Designation)

(Date of Issue of Permit) Sept 10/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 7 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1942, to Sept 7, 1943
I last saw him alive on Sept 3, 1943, death is said to have occurred on the date stated above, at 5:15 a.m.

Immediate cause of death Right heart failure due to Cerebral Thrombosis Duration IMPORTANT Sept 7/43

Due to Diabetes Mellitus 1929

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Date of

Of autopsy Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? Lab. & clinical

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James E. Schmitt M. D.
(Address) 133 Cliff Ave. Date Sept 7, 1943

21 Winthrop, Mass. Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 10, 1943 19

22 NAME OF FUNERAL DIRECTOR Boston

ADDRESS Boston

Received and filed Sept 10, 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and belief, served then, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. **129**

PLACE OF DEATH

Suffolk
(County)Weymouth
(City or Town)No. **38 Main St**St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Lester Charles Fichtner

(If deceased in a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)(a) Residence, No.
(Usual place of abode)

38 Main St

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death) (Specify whether)

years

months

days

In this community **35** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed or divorced
HUSBAND of

Roberta Anderson Fichtner

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive **41** years

7 IF STILLBORN, enter that fact here.

8 AGE **44** Years **8** Months **8** Days | If less than 1 day
Hours Minutes9 Occupation: **Gas Station**Usual Industry
10 or Business: **owner**

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) **Milwaukee Wisconsin**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH**Sept 8, 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 8, 1943 to **Sept 8, 1943**I last saw him alive on **Sept 8, 1943** death is said tohave occurred on the date stated above, at **7:30 P.M.**Immediate cause of death **Coronary****arteriosclerosis**Due to **myocardial infarction**Due to **myocardial infarction**Due to **myocardial infarction**Due to **myocardial infarction**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **Dr. [Signature]** M. D.(Address) **Weymouth, Mass.** Date **9-9-43**21 **Weymouth Cemetery Weymouth, Mass.**

Place of Burial, Cremation or Interment (City or Town)

DATE OF BURIAL **Sept - 11** 19**43**22 NAME OF FUNERAL DIRECTOR **Chas. R. Bannan**ADDRESS **Weymouth, Mass.**Received and filed **SEP 10 1943** 19

(Registrar)

PARENTS

13 NAME OF
FATHER

Louis Carl Fichtner

14 BIRTHPLACE OF
FATHER (City)
(State or country)

unable to obtain

15 MAIDEN NAME
OF MOTHER

Mary Boural

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Milwaukee Wisconsin

17 Informant **Thelma A. Fichtner** (Relation, if any)
(Address) **38 Main St Weymouth, Mass.**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:**William D. Childress**

(Signature of Agent of Board of Health or other)

Agene
(Official Signature)**Sept. 12/43**
(Date of Issue of Form)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 { PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 42 Madison Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 200

2 FULL NAME Patrick J. Fay
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 42 Madison Ave. St.
(Usual place of abode)
Length of stay: in hospital or institution (Before death) (Specify whether) years months days. In this community 24 yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed or divorced
HUSBAND of Mary F. Murphy
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AG 54 Years Months Days If less than 1 day
Hours Minutes

9 Occupation: Manager

10 Industry or Business: Economy Store

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER Thomas Fay

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Susan McNamara

16 BIRTHPLACE OF MOTHER (City) Brookline
(State or country) Mass

17 Informant Mary Fay (Address) 42 Madison Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm A Childress
(Signature of Agent of Board of Health or other)
H.O. atty SEP 10 1943
(Official Designation) (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 10 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug 15 1943, to Sept 10 1943
I last saw him alive on Sept 9 1943, death is said to
have occurred on the date stated above, at 2:9 m.

Immediate cause of death Chronic Endocarditis
Duration 14 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations none Date of
Of autopsy none
What test confirmed diagnosis? Clinical Signs Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify Daniel D. Swan M. D.
(Signed) (Address) 200 Essex St. Date Sept 10 1943
Winthrop Winthrop

21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 13 1943

22 NAME OF FUNERAL DIRECTOR John A O'Malley
ADDRESS Winthrop

Received and filed SEP 10 1943
(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the person has retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

(County)

(City or Town)

No.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 201

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation:

Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)
(State or country)15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)
(State or country)

17

Informant
(Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Children
(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

Sept. 14/43
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19, death is said to

have occurred on the date stated above, at 12:20 a. m.

Immediate cause of death

Duration
IMPORTANT

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date, 10/14/43 M. D.

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

1943

22

NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 202

1 PLACE OF DEATH
S. W. Lock
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



2 FULL NAME Warren Conrad
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 90 Main St Winthrop
(Usual place of abode)
Length of stay: In hospital or Institution (Before death) (Specify whether) years months 2 days In this community yrs. mos. days.

PHYSICIAN—IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED ?
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 39 Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation: Unknown
10 Industry or Business: Unknown
11 Social Security No. Unknown
12 BIRTHPLACE (City) (State or country) Unknown
13 NAME OF FATHER Unknown
14 BIRTHPLACE OF FATHER (City) (State or country) Unknown
15 MAIDEN NAME OF MOTHER Mary
16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown
17 Informant: Welfare Dept. (Relation, if any) Town of Winthrop

PARENTS

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. D. O'Connell
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
10/1/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept - 14 - 1943
(Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Pneumonia
Broncho pneumonia
Presumably Suicidal
20 Accident, suicide, or homicide (specify)
Date of occurrence Sept - 12 - 1943
Where did Injury occur? Winthrop
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? Not known
(Specify type of place)
Manner of Injury Ingested large dose Phenol
Nature of Injury Lethal Sept-12- at Winthrop
While at work? Was there an autopsy? yes
21 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. K. Bricker, M. D.
(Address) Boston Sept - 15 - 1943
22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct. 2 1943
23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed OCT 1 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

1 PLACE OF DEATH *Suffolk* (County)
Winthrop (City or Town)

2 FULL NAME *Laura Mirick* (Adams)
(If deceased is a married, widowed or divorced woman give also maiden name.)

(a) Residence. No. *20 Elmwood ave* *St. Winthrop Mass*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. _____ years _____ months _____ days. In this community *50* yrs. mos. days.
(Before death) (Specify whether)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. *203*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN—IMPORTANT

(Was deceased a U. S. War Veteran?)

If so, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Widow*
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of *William H. Mirick* (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 *80* ~~80~~ Years *10* Months *2* Days | If less than 1 day Hours _____ Minutes _____

9 Usual Occupation: *at Home*

10 Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) *Cambridge*
(State or country) *Mass*

13 NAME OF FATHER *Joseph M. Adams*

14 BIRTHPLACE OF FATHER (City) *New London*
(State or country) *New Hampshire*

15 MAIDEN NAME OF MOTHER *Abigail A. Weed*

16 BIRTHPLACE OF MOTHER (City) *East Unity*
(State or country) *New Hampshire*

17 Informant *Rosellth Woodward* Relation, if any *Wife*
(Address) *36 - Stanton Road Brookline Mass*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *September 14, 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *Sept 14*, 1943, to *Sept 14*, 1943
I last saw her alive on *Sept 14*, 1943, death is said to have occurred on the date stated above, at *12:50 p.m.*
Immediate cause of death *Cancer of the colon* *about 8 months*

Due to _____

Due to _____

Other conditions *None* Important _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations *None* Date of _____
Of autopsy *None*
What test confirmed diagnosis? *Clinical*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *Gladie M. Dickinson*, M. D.
(Address) *Winthrop Mass* Date *Sept 14, 1943*

21 *Burial at St. Andrew's Buried Cambridge*
Place of Burial, Cremation or Removal. (City or Town) *Cambridge*
DATE OF BURIAL *Sept 18* *1943*

22 NAME OF FUNERAL DIRECTOR *Glas. R. Blundson*
ADDRESS *Winthrop Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent *Sept 15/43*
(Official Designation) (Date of Issue of Permit)

Received and filed. *SEP 16 1943* 19 _____
A TRUE COPY ATTEST: _____ (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine Insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap. 46, Sec. 10.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health. . . . The board of health may appoint one or more persons to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting epidemics), and by the action of chemical (drugs or poisons), thermal or electric agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.* heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

PARENTS

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 61 Read

2 FULL NAME Michael O'Brien
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 61 Read
(Usual place of abode)
Length of stay: In hospital or institution (Before death) Died at home years months days. In this community 16 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
6 Age of husband or wife if alive 66 years
7 IF STILLBORN, enter that fact here. —
8 AGE 70 Years — Months — Days | If less than 1 day Hours Minutes
9 Occupation: Retired Captain
10 Industry or Business: Bos. R. D. & Lynn R. R. Ferry
11 Social Security No. 021-14-1117
12 BIRTHPLACE (City) Dublin
(State or country) Ireland.

13 NAME OF FATHER William O'Brien
14 BIRTHPLACE OF FATHER (City) Dublin
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Carroll
16 BIRTHPLACE OF MOTHER (City) Dublin
(State or country) Ireland

17 Informant Catherine C. O'Brien Relation to any (Address) 61 Read St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
H. M. St. Childress
(Official Designation) No. 21 Sept 23/43
(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 204

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

St. Winthrop
(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 21 - 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 1943, to Sept. 21, 1943

I last saw him alive on Sept. 20, 1943, death is said to
have occurred on the date stated above, at 6⁴⁰ p.m.

Immediate cause of death.

Carcinoma of liver & metastases 3 months

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of liver & metastases
Of operations Date of Aug 1943

Of autopsy

What test confirmed diagnosis? Lab & clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles M. Kelly M. D.
(Address) 205 Home St. Boston Date Sept 22 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL September 24 1943

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St. E. B.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **205**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **43** **George St**



2 FULL NAME **Mary E. Bohling**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(a) Residence. No. **43 George St** St.
(Usual place of abode)

(Was deceased a U. S. War Veteran, if so specify WAR)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community **2** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Single**

18 DATE OF DEATH **Sept 22 1943**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from **Sept 1**, 19**43**, to **Sept 22**, 19**43**

(or) WIFE of (Husband's name in full)

I last saw h. **ev** alive on **Sept 21**, 19**43**, death is said to

6 Age of husband or wife if alive years

have occurred on the date stated above, at **7 A** m.

Duration

7 IF STILLBORN, enter that fact here.

Immediate cause of death

IMPORTANT

8 AGE **76** Years Months Days If less than 1 day Hours Minutes

Cerebral Hemorrhage **Sept 14 1943**

9 Occupation: **Housework**

Due to **Chronic Hypertension**

10 Industry or Business: **Own Home**

Due to **Diabetes**

11 Social Security No.

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

12 BIRTHPLACE (City) **East Boston**
(State or country) **Mass.**

Major findings: Of operations

Physician

13 NAME OF FATHER **John Bohling**

Date of

Underline the cause to which death should be charged statistically.

14 BIRTHPLACE OF FATHER (City) **Germany**
(State or country)

Of autopsy

What test confirmed diagnosis? **Clinical Signs**

15 MAIDEN NAME OF MOTHER **Julia Shuchan**

20 Was disease or injury in any way related to occupation of deceased? **No**

16 BIRTHPLACE OF MOTHER (City) **Chuland**
(State or country)

If so, specify (Signed) **A. J. O'Brien** M. D.
(Address) **Winthrop** Date **Sept 23 1943**

17 Informant **Jessie Murray** Relation, if any **Daughter**
(Address) **43 George St Winthrop**

21 **Holy Cross** **Malden**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Sept 24 1943**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR **Fredrick J. Magrath**
ADDRESS **East Boston**

(Signature of Agent of Board of Health or other)

Received and filed **19**

(Official Designation) **H. O.** (Date of Issue of Permit) **Sept. 23/43**

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

with UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (J)-1-41-4667

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 136 Hermon St.,



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 206

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ruth Stacey Hall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 136 Hermon St.,

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days.
(Before death) (Specify whether)

In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Percy A. Hall

(Husband's name in full)

6 Age of husband or wife if alive 31 years

7 IF STILLBORN, enter that fact here.

8 AGE 28 Years 10 Months 10 Days | If less than 1 day Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

At Home

none

11 Social Security No.

12 BIRTHPLACE (City)

Somerville

(State or country)

Mass.

13 NAME OF

FATHER

William Stacey

14 BIRTHPLACE OF

FATHER (City)

Halifax

(State or country)

Nova Scotia

15 MAIDEN NAME

OF MOTHER

Elizabeth Bearner

16 BIRTHPLACE OF

MOTHER (City)

Halifax

(State or country)

Nova Scotia

PARENTS

17

Informant

Percy A. Hall

(Address)

136 Hermon St., Winthrop

(Relation, if any)

husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 24 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1943, to Sept. 23, 1943

I last saw him alive on Sept. 26, 1943, death is said to have occurred on the date stated above, at 12:30 p.m.

Immediate cause of death Chronic heart disease - with failure

Duration

IMPORTANT

4 yrs

Due to Rheumatic fever with strept. infection

4 yrs

Due to Rheumatoid 14-18 yrs

2 yrs

Other conditions. edema of legs (1 yr. time)

Major findings: Of operations. Pale fluid 14-18 yrs

Of autopsy. Date of Sept. 19-43

What test confirmed diagnosis? Clinical tests

IMPORTANT

Physician

Underline

the cause to

which death

should be

charged sta-

tistically.

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) M. D. (Address) Date of Sept. 26, 1943

21 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept. 27, 1943

22 NAME OF FUNERAL DIRECTOR Richard T. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed. SEP 27 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;—General Laws, Chap. 33, Sec. 6.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1. PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 53



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 207

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33 Beach St.
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
---------------	--------------------------	--

5a If married, widowed or divorced
HUSBAND of William Gleason Gallagher
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive ~~25~~ years

7 IF STILLBORN, enter that fact here.

8 AGE 28 Years — Months — Days If less than 1 day
Hours — Minutes —

9 Usual Occupation: Lumber Handler

Industry
10 or Business: *Released*

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

13 NAME OF FATHER William Gallagher

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME *Unknown*
OF MOTHER

16 BIRTHPLACE OF MOTHER (City) London
(State or country)

17 Informant 1. [illegible] Relation, if any 2. [illegible]
(Address) [illegible]

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 27 1943
(Month) (Day) (Year)

19. I HEREBY CERTIFY, That I attended deceased from July 1, 1943, to Sept. 23, 1943.
I last saw h. me alive on Sept 26, 1943, death is said to
have occurred on the date stated above, at 8:45 a.m. 1943

Immediate cause of death.....

Culicoides edwardsi (Hanks)

Due to: Bronchitis - Pneumonia

Due to Amputation of leg

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of _____

Of autopsy.....

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify James H. Schwartz
(Signed) James H. Schwartz M. D.
(Address) 18 Chumley St Date 9/27 1971

21
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL 1944 19

22 NAME OF FUNERAL DIRECTOR *W. J. ...*
ADDRESS *...*

Received and Aisd..... 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-t -2-4-2-8855

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hosp.



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 808

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John Andrew Jackson Roach
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 243 Winthrop St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 95 days. In this community 34 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced Ellen Maud Taylor
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 5 Months 5 Days | If less than 1 day
Hours Minutes

Usual 9 Occupation: Retired

Industry 10 or Business: Newspaper

11 Social Security No. None

12 BIRTHPLACE (City) Portland
(State or country) Maine

13 NAME OF FATHER John Andrew Jackson Roach

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER Emiline ?

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant: Edmond Roach (Relation Son)
(Address) 243 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 27 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 13, 1943, to September 27, 1943.
I last saw him alive on September 27, 1943, death is said to
have occurred on the date stated above, at 5:30 P. M.

Immediate cause of death: Hypertrophied Prostate &
operation therefore Duration 2 years
IMPORTANT

Due to: Angina Pectoris 2 days

Due to: Hypostatic Pneumonia 24 hours

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: Hypertrophied prostate
Of operations: none Date of Sept 24/43
Of autopsy: none
What test confirmed diagnosis? clinical & lab
IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Abrams M.D. M. D.
(Address) 502 E. 4th St. Winthrop April 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 30 1943

22 NAME OF FUNERAL DIRECTOR Howard S. O'Connell
ADDRESS Winthrop, Me.

Received and filed Sept 28 1943 (Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write house-work. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side of form for instructions. Extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-4667

1 PLACE OF DEATH

Saffolk
(County)
Winthrop
(City or Town)
No. R.R. cut in rear of 52 Crest Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 209

2 FULL NAME

James M. Sanborn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 59 Crest Ave Winthrop
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE (write the word) MARRIED (widowed) or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 10 Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Engineer on Tour Boat

10 Industry or Business: Boston Tow Boat Co

11 Social Security No. 019-14-3660

12 BIRTHPLACE (City) Machiasport
(State or country) Maine

13 NAME OF FATHER Gilbert Small Sanborn

14 BIRTHPLACE OF FATHER (City) Machiasport
(State or country) Maine

15 MAIDEN NAME OF MOTHER Susan Leighton

16 BIRTHPLACE OF MOTHER (City) Machiasport
(State or country) Maine

17 Informant Lucy G. Sanborn Relation, if any daughter
(Address) 59 Crest Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. B. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/9/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept - 27 - 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
Fractured Cervical Vertebra
Contusion of Brain & of Scalp.

20 Accident, suicide, or homicide (specify) Presumably accidental
Date of occurrence Sept 26 - 1943

Where did Injury occur? Winthrop
(City or town and State)

Did Injury occur in or about home, on farm, in industrial place, or in public place? R.R. cut.
(Specify type of place)

Manner of Injury Found dead on old R.R.

Nature of Injury right of way

While at work? Was there an autopsy? yes

21 Was disease or Injury in any way related to occupation of deceased?

If so, specify Wm. J. Brickley M.D.
(Signed) (Address) Boston Sept 27-1943

22 Puohs Harbor Cemetery Machiasport
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 1st 1943

23 NAME OF FUNERAL DIRECTOR G. R. Bernson
ADDRESS Machiasport Maine

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....
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.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 210

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 57 Paine St



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Alfred J. Stanwood

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 57 Paine St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution years months days in this community 20 yrs. mos. days
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of Anna Rebello
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day
Hours Minutes

Usual Occupation Retired Installer

10 or Business: New Eng Tel Co

11 Social Security No. 011-07-4053

12 BIRTHPLACE (City) So. Boston
(State or country) Mass

13 NAME OF FATHER Charles Stanwood

14 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Burke

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Anna Stanwood (Wife, if any)
Informant (Address) 57 Paine StI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H.O. (Official Designation)

Sept 30/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 29 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Sept 27, 1943, to Sept 29, 1943I last saw him alive on Sept 27, 1943, death is said to
have occurred on the date stated above, at 7:45 P.M.

Immediate cause of death Coronary infarct. Duration

IMPORTANT

Due to Myocardial infarction

Due to

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.
Of autopsy
What test confirmed diagnosis?20 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) J. P. M. D.
(Address) 57 Paine St Date 9-30-194321 Place of Burial, Cremation or Removal Winthrop Winthrop
(City or Town)

DATE OF BURIAL Oct 2 1943

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed OCT 1 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 33, Sec. 6.

(3) Medicoal Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BROOKLINE

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 494

1 PLACE OF DEATH
NORFOLK
(County)
BROOKLINE
(City or Town)
No. BROOKS HOSPITAL



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME ARTHUR H. SMITH
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 61 WASHINGTON AVENUE St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Addie Downing
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 1 Months 21 Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Treasurer--Gen. Manager

Industry
10 or Business: Provision Co.

11 Social Security No. 012-14-6586

12 BIRTHPLACE (City) London
(State or country) England

13 NAME OF
FATHER Charles Smith

14 BIRTHPLACE OF
FATHER (City) London
(State or country) England

15 MAIDEN NAME
OF MOTHER Cannot be learned

16 BIRTHPLACE OF
MOTHER (City) London
(State or country) England

17 Informant Mr. C. Wesley Smith (Son)
(Address) 718 Concord Turnpike, Lexington

A TRUE COPY
ATTEST: (Registrar of city or town where death occurred)
DATE FILED October 1, 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 30 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
September 27 1943, to September 30, 1943
I last saw him alive on September 30, 1943 death is said to
have occurred on the date stated above, at 6:37 P.m. Duration

Immediate cause of death
Cerebral haemorrhage 4 days
Arteriosclerosis

Due to Age

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Underline
Of operations the cause to
Date of which death
should be
Of autopsy charged sta-
tistically.

What test confirmed diagnosis? Phys. Exam.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Albert A. Hornor M. D.
(Signed) (Address) 319 Longwood Av. Boston 10/1 1943

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge, Cambridge
(Cemetery) (City or Town)

DATE OF BURIAL October 3, 1943

22 NAME OF FUNERAL DIRECTOR Charles B. Watson
ADDRESS Cambridge

Received and filed 19

(Registrar of City or Town where deceased resided)

WHILE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



Suffolk

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

(County)
Chelsea



COPY OF
CERTIFICATE OF DEATH

Registered No. 212554

No. Chelsea Memorial Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Baby Girl Whidden

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

49 Bartlett Rd.

(If U. S. War Veteran, specify WAR)
Winthrop, Mass.

(a) Residence, No. (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife If alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day Hours Minutes

Usual Occupation:

Industry or Business:

11 Social Security No. Chelsea, Mass.

12 BIRTHPLACE (City) (State or country) LeRoy

13 NAME OF FATHER Natick, Mass.

14 BIRTHPLACE OF FATHER (City) (State or country) Charlotte Peaslee

15 MAIDEN NAME OF MOTHER Lowell, Mass.

16 BIRTHPLACE OF MOTHER (City) (State or country) LeRoy Whidden father

17 Informant (Address) 49 Bartlett Rd. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED 8/3/43 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 2, 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 1 1943 to Aug. 2 1943 I last saw him/her on Aug. 2 1943 Death is said to have occurred on the date stated above, at 2:45 p.m.

Immediate cause of death: Congenital pulmonary atelectasis (both lungs) 2 days.

Due to Congenital undevelopment

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of Symptoms

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Geo. Reinherz (Signed) 270 Chestnut St. 8/2/43 M. D. 43 (Address) Winthrop, Winthrop, Mass.

21 PLACE OF BURIAL, CREMATION OR REMOVAL (City or Town) Aug. 4, 1943

DATE OF BURIAL John F. O'Malley

22 NAME OF FUNERAL DIRECTOR Winthrop, Mass.

ADDRESS

Received and filed 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



STANDARD CERTIFICATE OF DEATH

State File No. 213Registrar's No. 161State of NEW HAMPSHIRE

1. PLACE OF DEATH:

(a) County Grafton
(b) City or town Bristol
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County _____
(c) City or town Winthrop
(If outside city or town limits, write RURAL)
(d) Street No. 144 Court Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Floyd E. Rich3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male
5. Color or
race White6. (a) Single, widowed, married
divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased July 4 1881
(Month) (Day) (Year)8. AGE: Years Months Days
62 1 —
If less than one day
hr. min.9. Birthplace Provincetown Mass.
(City, town, or county) (State or foreign country)10. Usual occupation Retired (Merchant)

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Charles C. Gray (R.W.W.)(b) Address Winthrop, Mass.17. (a) Burial (b) Date thereof Aug. 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place; burial Winthrop Cem., Winthrop, Mass.18. (a) Signature of funeral director Richard W. Walton(b) Address Bristol19. (a) Aug. 3, 1943 Myra K. Emmons
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 4
year 1943 hour exact time minute unknown21. I hereby certify that I attended the deceased from Medical Refere
case, 19____, to _____, 19____:

that I last saw h_____ alive on _____, 19____:

and that death occurred on the date and hour stated above.

Immediate cause of death natural causesDuration
unknown

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____Of autopsy none doneUnderline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public
place? _____While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature Leon M. OrtonAddress Ashland, N.H.(M. D. or other) M.D.Date signed Aug. 5,1943OCT 27 1943

1895

1895

WRITE PLAINLY, WITH SPACING. THIS IS A PRELIMINARY RECORD. Copies of returns of deaths recorded during the previous month which in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Cambridge
(City or town making return)

Registered No. 1271 214

1 PLACE OF DEATH
Middlesex
(County)
Cambridge
(City or Town)
No. Holy Ghost Hospital



St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin Antunes
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 45 Read Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 3 years 3 months 24 days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Ethel Vance
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Printer

10 Industry or Business: 028-06-3214

11 Social Security No.

12 BIRTHPLACE (City) Portugal
(State or country)

13 NAME OF FATHER Jessie Antunes

14 BIRTHPLACE OF FATHER (City) Portugal
(State or country) Marie Antunes

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Portugal
(State or country) Ethel Antunes

17 Informant 45 Read St. wife
(Address) (Relation, if any)

A TRUE COPY. Aug 21, 1943

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Frederick H. 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 19 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1943, to Aug 19, 1943.
I last saw him alive on Aug 18, 1943, death is said to have occurred on the date stated above, at 8:20 A. m. Duration

Immediate cause of death: Carcinoma of Base of tongue c metastases to neck Sept 1942

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A. Conner, M. D.

(Address) 922 Mass. Ave. Date Aug 19 1943

21 PLACE OF BURIAL Winthrop Cem. Winthrop.
(Cemetery) (City or Town)

DATE OF BURIAL Aug 21, 1943 19

22 NAME OF FUNERAL DIRECTOR John F O Maley
ADDRESS Winthrop Mass.

Received and filed Oct 1, 1943 19

(Registrar of City or Town where deceased resided)



WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

Suffolk

The Commonwealth of Massachusetts

Chelsea

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

586

215

PLACE OF DEATH

1

(County)
Chelsea

(City or Town)

No.

Soldiers' Home Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Francis J. Rogers

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

56 Sargent

Winthrop, Mass.

World 1

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Mary S. Sullivan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

49

years

7 IF STILLBORN, enter that fact here.

8

55

2

15

AGE.....Years.....Months.....Days

If less than 1 day

Hours.....Minutes

Usual

9 Occupation:

Supervisor

Industry

10 or Business:

U.S. Government

11 Social Security No.

Lowell, Mass.

12 BIRTHPLACE (City)

(State or country)

Michael

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Billerica, Mass.

15 MAIDEN NAME

OF MOTHER

Bridget Gavin

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

Hospital Records

17

Informant

(Address)

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

9/14/43

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Sept. 14, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 7, 1943

to Sept. 14, 1943

I last saw him alive on Sept. 14, 1943

death is said to

have occurred on the date stated above, at 7:15 A.M.

Immediate cause of death

Coronary thrombosis

Duration

not

known

Due to

Due to

Hypertensive heart

disease

Other conditions

(Include pregnancy within 3 months of death)

not

known

Major findings:

Of operations

Date of

Laboratory

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Timothy E. Rogan

(Signed) Soldiers' Home

9/14, M. 43

(Address)

Date

19

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

(Cemetery)

Sept. 17, 1943

(City or Town)

DATE OF BURIAL

J. E. O'Keary

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

79 Atlantic St. Winthrop

Received and filed

OCT 12 1943

19

(Registrar of City or Town where deceased resided)



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

1 PLACE OF DEATH
(County) Boston
(City or Town)

COPY OF
CERTIFICATE OF DEATHRegistered No. 8152-216

No. Beth Israel Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Shapiro
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 119 Sagamore Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 14 years months 14 days. In this community yrs. mos. 14 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) Widowed
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced Mary Blender
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 0 Months 0 Days If less than 1 day
Hours 0 Minutes

9 Occupation: Dry Goods Store Prop.

10 Industry or Business: ----

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Russia

13 NAME OF FATHER Isaac H. Shapiro

14 BIRTHPLACE OF FATHER (City)
(State or country) Russia

15 MAIDEN NAME OF MOTHER Ada ----

16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Celia Berger (Relationship) Daughter
(Address)

A TRUE COPY. Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED Sept. 20 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 15 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1 19 43 to Sept. 15 19 43
I last saw him alive on Sept. 15 19 43 Death is said to have occurred on the date stated above, at 9.25 p.m. Duration

Immediate cause of death Carcinoma of rectum mos.

Due to Hypertensive and Arteriosclerotic heart disease yrs.

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: carcinoma of rectum Underline the cause to which death should be charged statistically.

Of operations same Date of 9/11/43

What test confirmed diagnosis? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) R. R. Shapiro M. D.
(Address) B.I. Hospital Date 9/15 19 43

21 PLACE OF BURIAL Puritan Cem. Woburn Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Sept. 16 19 43

22 NAME OF FUNERAL DIRECTOR M. Stanatsky
ADDRESS Boston

Received and filed OCT 13 1943 19

(Registrar of City or Town where deceased resided)



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

50m (e)-1-41-4667

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital

2 FULL NAME
William P. Natale
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 114 Pleasant Winthrop
(Usual place of abode)
Length of stay: In hospital or Institution years 1 months 20 days
(Before death) (Specify whether)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 217

{ (If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED married

5a If married, widowed, or divorced HUSBAND of Clara R. Moody
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 83 years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Retired Real Estate Dealer

10 Industry or Business:

11 Social Security No. cannot be learned

12 BIRTHPLACE (City) Cambridge
(State or country)

13 NAME OF FATHER John Peter Natale

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Emma Burns

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant M. K. McPhillips Relation, if any
(Address) DSH

A TRUE COPY

ATTEST:

DATE FILED 9/27/43 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sep. 17, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 28, 1943 to Sep. 17, 1943
I last saw him alive on Sep. 17, 1943 death is said to have occurred on the date stated above, at 10.15A.m. Duration

Immediate cause of death Arteriosclerotic heart disease 3yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis clinical

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Abraham Gardner M. D.
(Address) DSH 9/23/43

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or Town)

DATE OF BURIAL 9/20/43 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed OCT 15 1943 19
(Registrar of City or Town where deceased resided)



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

TEWKSBURY STATE HOSPITAL
and INFIRMARY
TEWKSBURY, MASSACHUSETTS
(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 350218

1 PLACE OF DEATH
Middlesex (County)
Tewksbury (City or Town)
No. Tewksbury State Hospital and Infirmary St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George . Boutin { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 225 River Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution 3 years 10 months 16 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Single
MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)
6 Age of husband or wife if alive _____ years
7 IF STILLBORN, enter that fact here.
8 AGE 41 Years 9 Months 25 Days | If less than 1 day _____ Hours _____ Minutes
Usual Occupation: Rigger
Industry or Business: _____
11 Social Security No. _____
12 BIRTHPLACE (City) Winthrop (State or country) Mass.
13 NAME OF FATHER Gerard Boutin
14 BIRTHPLACE OF FATHER (City) Not learned (State or country) Canada
15 MAIDEN NAME OF MOTHER Ella La Voix
16 BIRTHPLACE OF MOTHER (City) Chelsea (State or country) Mass.

17 Informant Hospital Records (Relation, if any) (Address) _____

A TRUE COPY.
ATTEST: C. Winthrop Houghton M.D. Supt.
(Registrar of city or town where death occurred)
DATE FILED September 20 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 19 19 43
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from Nov. 3 19 39 to Sept. 19 19 43
I last saw him alive on Sept. 19 19 43 death is said to have occurred on the date stated above, at 10:45 P.M. Duration _____
Immediate cause of death Multiple Sclerosis 6 yrs
Due to _____
Due to _____
Other conditions Cystitis; Trophic Ulcers Physician _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____
What test confirmed diagnosis? Clinical
20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____ M. D. (Signed) Kurt C. Jessy (Address) T.S.H. & I, Tewksbury Date 9-20-1943
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or Town)
DATE OF BURIAL September 23 19 43

22 NAME OF FUNERAL DIRECTOR R. C. Kirby ADDRESS Boston, Mass.
Received and filed OCT 29 1943 19 _____
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass. General Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

219
8695

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Matthew J. Lambert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 82 Waldemar Avenue
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced Leonora ~~Harmend~~
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years - Months 2 Days | If less than 1 day
Hours Minutes

Usual Occupation: Shoe Broker

Industry Shoe
10 or Business:

11 Social Security No. 030-09-1774

12 BIRTHPLACE (City) East Boston, Mass.
(State or country)

13 NAME OF FATHER Louis Lambert

14 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Mary Magee

16 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)

PARENTS

17 Informant (Address) (Relation, if any) (wife)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept. 27 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 23 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Spontaneous cerebellar hemorrhage
Glioma left cerebellar ~~lobe~~ ^{right lobe}
Hypertensive Heart disease; said to have
been in motor collision at Boston
Sept. 22, 1943

20 Absident, suloid, or homloid (specify) 19
Date of occurrence

Where did Injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Said to have been in a motor

Nature of Injury collision at Boston on Sept 22 1943
While at work? --- Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? ---

If so, specify W. J. Brickley
(Signed) Boston, Mass. Date 9-23 1943
(Address)

22 Winthrop Cem. Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 27 1943

23 NAME OF FUNERAL DIRECTOR J. F. O'Kealey
ADDRESS Winthrop, Mass.

Received and filed Oct 1 1943 19

(Registrar of City or Town where deceased resided)



any of town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50a-10-39, No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Middlesex
(County)Medford
(City or Town)Medford
(City or town making return)

Registered No. 220

No. 34 Grove St. Emory Rest Home

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adriana Bucknam

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR.)

(a) Residence, No. 993 Shirley St.

(Usual place of abode)

St. Winthrop

Length of stay: In hospital or institution

Hosp (Specify whether)

years

3 months

days.

(If nonresident, give city or town and state)

In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female white

4 COLOR OR RACE

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Alonzo Bucknam

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 20 Years 7 Months 21 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

Own home

11 Social Security No.

none

12 BIRTHPLACE (City)

Bath

(State or country)

Maine

13 NAME OF
FATHER

Unable to obtain

14 BIRTHPLACE OF
FATHER (City)

(State or country)

"

15 MAIDEN NAME
OF MOTHER

"

16 BIRTHPLACE OF
MOTHER (City)

"

(State or country)

PARENTS

17

Informant
(Address)

Oscar Bucknam

Relation, if any

son

180 Somerset Ave. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept. 28, 1943

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

September

24

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from July 1, 1943, to Sept. 24, 1943

I last saw him alive on Sept. 24, 1943, death is said to have occurred on the date stated above, at 3.50 p.m.

Immediate cause of death

Chr. Vascular Myocarditis

Duration

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Harry L. Campbell

(Address) 538 High St.

Date 9/24, 1943

21 PLACE OF BURIAL,

CREMATION OR REMOVAL Woodlawn Cem. Everett
(Cemetery) (City or Town)

DATE OF BURIAL

Sept. 27, 1943

19

22 NAME OF

FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed

OCT 16 1943

19

(Registrar of City or Town where deceased resided)



extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-4-2-BB55

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 221

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 366 Pleasant St



St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas F. Hawes
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 366 Pleasant St
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Widowed
5a If married, widowed, or divorced HUSBAND of Mary E. Nolan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 63 Years Months Days If less than 1 day Hours Minutes
9 Occupation: Watchman
10 or Business: Retired
11 Social Security No.
12 BIRTHPLACE (City) East Boston (State or country) Mass

18 DATE OF DEATH Oct 1 1943
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from June 1, 1943, to Oct 1, 1943
I last saw him alive on Oct 1, 1943, death is said to have occurred on the date stated above, at 4 a.m.
Immediate cause of death carcinoma of the lung
Duration 1 year
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis: operation
IMPORTANT Physician Underline the cause to which death should be charged statistically.

PARENTS
13 NAME OF FATHER Patrick Hawes
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
15 MAIDEN NAME OF MOTHER Annie Lingley
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)
17 Informant Thomas M. Hawes Relation, if any (Address) 366 Pleasant St Winthrop

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Fred Cole (Address) 108 Highland St, Malden, Mass. Date 10/1/43
21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Oct 4 1943
22 NAME OF FUNERAL DIRECTOR Frederick J. Maguire ADDRESS East Boston
Received and filed Oct 5 1943 19 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/2/43 (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY; WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-10-39. No. 8427-d

1 PLACE OF DEATH

Support
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 222

No. Winthrop St. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Leeson, Miss
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 48 Cutler St., Winthrop, Mass. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months 24 days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.	4 COLOR OR RACE White	5 SINGLE MARRIED Single (write the word) WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		
(or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE 80? Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Home-keeper		
10 Industry or Business:		
11 Social Security No. none		
12 BIRTHPLACE (City) (State or country) Russia		
13 NAME OF FATHER David Leeson		
14 BIRTHPLACE OF FATHER (City) (State or country) Russia		
15 MAIDEN NAME OF MOTHER unknown		
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia		

PARENTS

17 Informant (Address) Mrs. Tolson 34 Beech Rd. Brookline, Mass. (Relation, if any) Transl.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress, Jr. (Signature of Agent of Board of Health or other Health Officer) 10/3/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 3 1943 (Month) (Day) (Year)	19 I HEREBY CERTIFY That I attended deceased from Sept 9, 1943, to Oct 3, 1943. I last saw him alive on Oct 2, 1943, death is said to have occurred on the date stated above, at 1 a.m. Immediate cause of death: Broncho-pneumonia Due to: Cerebral Hemorrhage - Left Hemisphere Due to: Chronic Hypertension Heart Disease Other conditions: Scurvy (Include pregnancy within 3 months of death)	Duration 6 days 1 day 4 yrs
Major findings: Of operations: — Of autopsy: — What test confirmed diagnosis? Cholesterol		PHYSICIAN Underline the cause to which death should be charged statistically.
20 Was disease or injury in any way related to occupation of deceased? No		
21 If so, specify (Signed) Dr. Robert F. ... M. D. (Address) 148 Winthrop St. Date 10/1/1943		
22 NAME OF FUNERAL DIRECTOR Harry Levine, Mass. ADDRESS 470 Harvard St. Brookline		
Received and filed Oct 1 1943 19		

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

RHODE ISLAND STATE DEPARTMENT OF HEALTH

223

of Vital Statistics

City or Town No.

COPY OF

RECORD OF DEATH

CE OF DEATH

City or Town..... Providence St. and No. 1137 Broad St
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred..... yrs..... mos..... da. How long in U. S. if of foreign birth?..... yrs..... mos..... da.

L NAME..... William J Cady War Record..... (Name of War)

(a) Residence: 24 Wilshire City or Town..... Winthrop Mass
St. and No. (Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE		5. Single, Married, Widowed, or Divorced (write the word)	
M	W	M	
Married, widowed, or divorced (if wife, FULL MAIDEN name)			
HUSBAND (WIFE) <u>Florence C Bradshaw</u>			
DATE OF BIRTH (month, day and year)			
ILLBORN enter that fact here.			
Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
54			

Occupation, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Equipment Man

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 11. Total Time (years) spent in this occupation.....

PLACE OF BIRTH (city or town) Boston Mass
(State or country)

NAME..... William J Cady

PLACE OF BIRTH (city or town) New Brunswick
(State or country)

MAIDEN NAME (Full name)..... Mary Gibbons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH..... Oct 4 1943 19.....
(month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19.....; death is said to have occurred on the date stated above at.....m.

The principal cause of death and related causes of importance were as follows: † (See below)

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Name of operation †..... Date of.....

Was there an autopsy?..... What tests confirmed diagnosis? †.....

STATEMENT OF CAUSE OF DEATH

Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:

	Date
<i>Attack of Epilepsy</i>	<i>1 u</i>
<i>Run over by street car</i>	<i>1 u</i>
<i>Peritonitis</i>	<i>3 d</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Duplicate certificate received 5/2/44
(See duplicate file)

PLACE OF DEATH
1Suffolk
(County)
Winthrop St.
(City or Town)

No.

362 Pleasant St. Winthrop

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

324

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

Mary Winifred Sawyer (Cashman)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

362 Pleasant St.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months

days

In this community / yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edson Francis Sawyer

(Husband's name in full)

6 Age of husband or wife if alive

52

years

7 IF STILLBORN, enter that fact here.

8

AGE

7.9

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Occupation:

Usual

at home

10 Industry

or Business:

none

11 Social Security No.

none

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF

FATHER

Cornelius Cashman

14 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

County Cork

15 MAIDEN NAME

OF MOTHER

Mary McAniff

16 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

County Cork

PARENTS

17 Informant

(Address)

Edson F. Sawyer

Relation, if any

362 Pleasant St. Winthrop

(Address)

Edson F. Sawyer

(Address)

Edson F. Sawyer

(Address)

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

10/16/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

10

(Month)

4

(Day)

1943

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1, 1943

to Oct 4

1943

I last saw him alive on

Oct 13

1943

death is said to

have occurred on the date stated above, at

11:15 A.M.

Duration

1 1/2 yrs.

Immediate cause of death

Carcinoma of

breast

Due to

uterus

Due to

uterus

Other conditions

(Include pregnancy within 3 months of death)

Adeno-Carcinoma

Major findings:

Adeno-Carcinoma

Of operations

of breast

Date of

Oct 11

Of autopsy

Subacute

What test confirmed diagnosis?

Subacute

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

G. J. Sawyer

(Address)

135 London St. East Boston

21 Place of Burial, Cremation or Removal

(City or Town)

10/2/43

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

John J. White

ADDRESS

135 London St. East Boston

Received and filed

OCT 11 1943

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians shall certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians shall certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners shall investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

6571E

Solemn High Mass

See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

PLACE OF DEATH

Suffolk
(County)
Winchester
(City or Town)
No. *5 Charles St*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. *225*

1 FULL NAME *Winfred Anson Thompson* St. *Winchester Mass*
(If deceased was a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *5 Charles St*
(Usual place of abode)
Length of stay: In hospital or institution *42* years months days. In this community *X* yrs. *1* mo. *28* days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*
6 If married, widowed, or divorced *Wife Webb Thompson*
HUSBAND of *Vera Webb Thompson*
(Give maiden name of wife in full)
(or) WIFE of *Winfred Anson Thompson*
(Husband's name in full)
8 Age of husband or wife if alive *42* years
7 IF STILLBORN, enter that fact here.
8 AGE *78* Years *6* Months *2* Days If less than 1 day Hours Minutes
9 Usual Occupation *Station Agent - Telegraph*
10 Industry or Business *Station Agent - Maine Central Rail Road*
11 Social Security No. *None*
12 BIRTHPLACE (City) *East Pittston*
(State or country) *Maine*
13 NAME OF FATHER *Daniel Anson Thompson*
14 BIRTHPLACE OF FATHER (City) *East Pittston*
(State or country) *Maine*
15 MAIDEN NAME OF MOTHER *Vesta Bulsifer*
16 BIRTHPLACE OF MOTHER (City) *East Pittston*
(State or country) *Maine*
17 Informant *Vesta Webb Thompson* Relation, if any *Wife*
(Address) *5 Charles St Winchester Mass*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 4 1943*
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *Oct 4 1943* to *Oct 4 1943*
I last saw him alive on *Oct 4 1943*, death is said to have occurred on the date stated above, at *5:30 A.M.*
Immediate cause of death *Myocardial Infarction*
Due to *Coronary Artery Disease*
Other conditions *None*
(Include pregnancy within 3 months of death)
Major findings:
Of operations *None*
Of autopsy *None*
What test confirmed diagnosis? *None*
Duration Important

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *Myocardial Infarction*
(Signed) *W. R. Bernier* M. D.
(Address) *Winchester Mass* Date *Oct 4 1943*
21 *Parrington Cemetery* *Winchester Mass*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *Oct 6 1943*
22 NAME OF FUNERAL DIRECTOR *W. R. Bernier*
ADDRESS *Winchester Mass*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress D
(Signature of Agent of Board of Health or other)
Health Officer *10/4/43*
(Official Designation) (Date of Issue of Permit)

Received and filed *Oct 4 1943* 19
A TRUE COPY ATTEST: (Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap. 46, Sec. 10.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-

nix, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or the person appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths directly or indirectly by traumatism (including resulting from asphyxia), and by the action of chemical (drugs or poisons), thermal or electric agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

HAVERHILL

(City or town making return)

226

Registered No.

PLACE OF DEATH

1

HAVERHILL

(County)

(City or Town)

No. 10 Mt. Vernon

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Flora B. Lewis
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence No. 244 Grand View av St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or Institution. years months days. In this community yrs. mos. 20 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
Female White MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph H Lewis
(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 1 Months 22 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Music teacherIndustry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Hampstead
(State or country) N H

13 NAME OF FATHER Osa D Nichols

14 BIRTHPLACE OF FATHER (City) Hampstead
(State or country) N H

15 MAIDEN NAME OF MOTHER Adeline C Bailey

16 BIRTHPLACE OF MOTHER (City) Salem
(State or country) N H17 Informant Joseph H Lewis (Relation, if any)
(Address) 244 Grand View av Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 13 19 43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 6 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Sept 19 1943, to Oct 6 1943.
I last saw her alive on Oct 5 1943 death is said to
have occurred on the date stated above, at 7.30 P.m. Duration

Immediate cause of death Cerebral thrombosis 3 wk

Due to Arteriosclerosis -

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsDate of Physician
Underline
the cause to
which death
should be
charged sta-
tistically.

Of autopsy

What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased?If so, specify
(Signed) E S Bagnall M. D.
(Address) Groveland Date Oct 8 19 4321 PLACE OF BURIAL, Elmwood Haverhill
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL October 9 19 43

22 NAME OF FUNERAL DIRECTOR Earle W Graffam
ADDRESS Haverhill

Received and filed NOV 9 1943 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 207

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 216 Grovera Ave



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Annie Miller
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 216 Grovera Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 2 yrs. 2 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

18 DATE OF DEATH October 11 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Julius Miller
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
September 15 1943 to October 11 1943
I last saw her alive on October 11, 1943, death is said to
have occurred on the date stated above, at 6:30 P.M.

6 Age of husband or wife if alive 58 years

Immediate cause of death Carcinoma left breast
+ operation thereof Duration 7 years
IMPORTANT

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years Months Days | If less than 1 day
Hours Minutes

Due to General Carcinomatosis 3 mos

9 Usual Occupation: Housewife

Due to Carcinoma left lung 6 mos

10 Industry or Business: at home

Other conditions none
(Include pregnancy within 3 months of death)

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

Major findings: Carcinoma left breast Date of Jan 1936
Of operations
Of autopsy
What test confirmed diagnosis? clinical & lab
Physician Underline the cause to which death should be charged statistically.

PARENTS

13 NAME OF FATHER Samuel Traub

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Rosalyn (cannot be learned)

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joel P. Phagos M.D.
(Address) 507 Stanley St. Date Oct 11 1943

17 Informant Julius Miller (Address) 216 Grovera Ave Winthrop
(Address) 216 Grovera Ave Winthrop

21 Place of Burial, Cremation or Removal Winthrop Mass Everlast
(City or Town)
DATE OF BURIAL October 12 1943

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR Manuel S. Llanetsky
ADDRESS 10 Washington St. Dor.

(Signature of Agent of Board of Health or other)
Health Officer 10/13/43
(Official Designation) (Date of Issue of Permit)

Received and Filed OCT 18 1943 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make an entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

228

Registered No.

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 34 Taft Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridget Mc Carthy (Mc Mullen)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 34 Taft Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution No years months days. (Before death) (Specify whether) In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Patience Mc Carthy (Husband's name in full)

6 Age of husband or wife if alive 88 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years — Months — Days | If less than 1 day Hours — Minutes

9 Usual Occupation: Housewife

10 Industry or Business: at home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Charleston Mass.

13 NAME OF FATHER Charles Mc Mullen

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ann Mae Phoebe

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Rev Charles Mc Carthy 34 Taft Ave Winthrop Relation, if any Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Willis S. Goldblum
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/13/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 12 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 2 1943 to October 12 1943
I last saw her alive on October 11, 1943 death is said to have occurred on the date stated above, at 12:35 A.M.

Immediate cause of death: Cerebral Hemorrhage **IMPORTANT**
Due to Arteriosclerosis 3 years
Due to Chemia 2 days

Other conditions: none
(Include pregnancy within 3 months of death) **IMPORTANT**

Major findings: none Physician
Of operations: none Date of
Of autopsy: none Underline the cause to which death should be charged at least partially.
What test confirmed diagnosis? clinical & lab.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify fact that she says that M. D.
(Signed) 562 Broadway Date Oct 2 1943
(Address)

21 Place of Burial, Cremation or Removal. St. Joseph's Cemetery (City or Town) Winthrop
DATE OF BURIAL October 14 1943

22 NAME OF FUNERAL DIRECTOR Daniel J. Quinn
ADDRESS 907 W. Ave. Cambridge

Received and filed Oct 18 1943 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **229**

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **175 Main St**St. (If death occurred in a hospital or institution,
(give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME **Emil A. Mansfield**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence, No. **175 Main St**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community **25** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Widowed**18 DATE OF DEATH **Oct 15 1943**
(Month) (Day) (Year)5a If married, widowed or divorced
HUSBAND of **Mary A. Lovell**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....I last saw him alive on 19....., death is said to
have occurred on the date stated above, at m.

Duration

Immediate cause of death

IMPORTANT

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **76** Years Months Days | If less than 1 day
Hours Minutes*Old age, 53 yrs. 10 mos. 15 days*9 Occupation: **Retired Master Mariner**Due to **hypertension**Due to **hypertension**Other conditions.....
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations.....

Physician

Date of.....

Of autopsy.....

What test confirmed diagnosis?.....

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased?
If so, specify.....(Signed) **P. J. Mahoney**(Address) **Winthrop**M. D. **Oct 16 1943**21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)DATE OF BURIAL **Oct 17 1943**22 NAME OF FUNERAL DIRECTOR **John J. O'Malley**
ADDRESS **Winthrop**Received and filed **Oct 18 1943**

(Registrar)

PARENTS

13 NAME OF FATHER **Emil Mansfield**14 BIRTHPLACE OF FATHER (City) **Riga**
(State or country) **Latvia**15 MAIDEN NAME OF MOTHER **Cannot be Learned**16 BIRTHPLACE OF MOTHER (City) **Riga**
(State or country) **Latvia**17 Informant **Katherine O'Connor Step Daughter**
(Address) **175 Main St**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **10/16/43**

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been suggested, much recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some inquiry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the person had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . —*Chap. 114, Sec. 46, G. L., as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) *Under cause*, the nature of an injury and of its consequences; and (2) *under manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) *Under cause*, its known or presumable nature; and (2) *under manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

<p>1 PLACE OF DEATH</p>		<p><i>Suffolk</i> (County)</p> <p><i>Winthrop Mass</i> (City or Town)</p> <p>No. <i>Winthrop Community Hospital</i> St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p> <p style="text-align: center;">STANDARD CERTIFICATE OF DEATH</p> <p style="text-align: right;">(City or town making return)</p> <p style="text-align: right;">230</p> <p>Registered No.</p>	
<p>2 FULL NAME <i>William Chester Ham</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(If U. S. War Veteran, specify WAR)</p>			
<p>(a) Residence. No. <i>42 Lewis ave Winthrop Mass</i> (Usual place of abode)</p>		<p>(If nonresident, give city or town and state)</p>			
<p>Length of stay: In hospital or institution (Specify whether)</p>		<p><i>X</i> years <i>X</i> months <i>13</i> days. In this community <i>55</i> yrs. <i>X</i> mos. <i>X</i> days.</p>			
PERSONAL AND STATISTICAL PARTICULARS					
<p>3 SEX <i>Male</i></p>		<p>4 COLOR OR RACE <i>White</i></p>		<p>5 SINGLE MARRIED WIDOWED or DIVORCED <i>widowed</i> (write the word)</p>	
<p>5a If married (widowed, or divorced) HUSBAND of <i>Edna Fletcher (Black) Ham</i> (Give maiden name or wife in full)</p>					
<p>(or) WIFE of (Husband's name in full)</p>					
<p>6 Age of husband or wife if alive years</p>					
<p>7 IF STILLBORN, enter that fact here.</p>					
<p>8 AGE <i>69</i> Years <i>11</i> Months <i>0</i> Days If less than 1 day Hours Minutes</p>					
<p>9 Usual Occupation: <i>Merchant</i></p>					
<p>10 Industry or Business: <i>Ice Cream & Candy Mfg</i></p>					
<p>11 Social Security No. <i>022-10-5962</i></p>					
<p>12 BIRTHPLACE (City) <i>Charlestown</i> (State or country) <i>Mass</i></p>					
<p>13 NAME OF FATHER <i>William Ham</i></p>					
<p>14 BIRTHPLACE OF FATHER (City) <i>Shapleigh</i> (State or country) <i>Maine</i></p>					
<p>15 MAIDEN NAME OF MOTHER <i>Mary Evelyn Thurber</i></p>					
<p>16 BIRTHPLACE OF MOTHER (City) <i>Providence</i> (State or country) <i>Rhode Island</i></p>					
<p>17 Informant <i>Evelyn M. Benson</i> Relation, if any <i>Daughter</i> (Address) <i>11. Lewis Tenie Winthrop</i></p>					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p>					
<p><i>Wm. D. Childress</i> (Signature of Agent of Board of Health or other)</p>					
<p><i>Health Officer</i> (Official Designation) <i>10/18/43</i> (Date of Issue of Permit)</p>					
MEDICAL CERTIFICATE OF DEATH					
<p>18 DATE OF DEATH <i>October 16 1943</i> (Month) (Day) (Year)</p>					
<p>19 I HEREBY CERTIFY. That I attended deceased from <i>Oct 1, 1943</i>, to <i>Oct 16, 1943</i> I last saw him alive on <i>Oct 15, 1943</i> death is said to have occurred on the date stated above, at <i>2:25 am</i>. Duration</p>					
<p>Immediate cause of death <i>Coronary Thrombosis 2 yr</i></p>					
<p>Due to</p>					
<p>Due to</p>					
<p>Other conditions (Include pregnancy within 3 months of death)</p>					
<p>Major findings: <i>Clinical - 1943</i></p>					
<p>Of operations Date of</p>					
<p>Of autopsy What test confirmed diagnosis <i>Clinical - 1943</i></p>					
<p>20 Was disease or injury in any way related to occupation of deceased? <i>yes</i></p>					
<p>If so, specify <i>Heart 10 yr</i> M. D.</p>					
<p>(Signed) <i>W. H. Top mas</i> (Address) <i>Winthrop Mass</i> Date <i>Oct 16 1943</i></p>					
<p>21 <i>Winthrop Cemetery Winthrop Mass</i> Place of Burial, Cremation or Removal (City or Town)</p>					
<p>DATE OF BURIAL <i>Oct 18 1943</i></p>					
<p>22 NAME OF FUNERAL DIRECTOR <i>Chas. R. Bennein</i></p>					
<p>ADDRESS <i>Winthrop Mass</i></p>					
<p>Received and filed <i>19</i></p>					
<p>A TRUE COPY ATTEST: <i>Oct 18 1943</i> (Registrar)</p>					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

202

Registered No.

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 43 Sea View Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME THOMAS MANNING ARCHDEACON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 43 SEA VIEW AVE
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 23 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive Years

7 IF STILLBORN, enter that fact here.

8 AGE 23 Years Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Time Keeper

Industry
10 or Business: Fort Devins

11 Social Security No. 023--12--4826

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

13 NAME OF
FATHER John J. Archdeacon

14 BIRTHPLACE OF
FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME
OF MOTHER Florence Manning

16 BIRTHPLACE OF
MOTHER (City) East Boston
(State or country) Mass

17 Informant Florence Manning Archdeacon if any
(Address) 43 Sea View Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/27/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Oct 22 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
10/21, 1943 to 10/22, 1943
I last saw him alive on 10/22, 1943 death is said to
have occurred on the date stated above, at 6:50 P. m.

Immediate cause of death..... Duration
Pul. Tuberculosis 10 yrs.

IMPORTANT

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations..... Physician

Date of.....
Of autopsy.....
What test confirmed diagnosis? X-rays, etc.

Underline
the cause to
which death
should be a
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Charles F. Berry M. D.
(Address) 22 Wall Street, New York Date 10/22 1943

21 Holy Cross, Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct. 25 1943

22 NAME OF
FUNERAL DIRECTOR John M. Haley
ADDRESS Winthrop

Received and filed 10/27/43

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(2)-1-41-4695

PLACE OF DEATH

Suffolk
(County)

Winthrop Mass
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. *203*

1

No. *28 Thornton Park* St.

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME *Effie Rand Plummer*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT
(Was deceased a U. S. War Veteran?
If so, specify WAR)

(a) Residence. No. *28 Thornton Park Winthrop Mass*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community *22* yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *MARRIED*
Married or DIVORCED

5a If married, widowed, or divorced HUSBAND of *Frederick Plummer*
(Give maiden name of wife in full)

(or) WIFE of *Frederick Plummer*
(Husband's name in full)

6 Age of husband or wife if alive. *67* years

7 IF STILLBORN, enter that fact here.

8 AGE *66* Years *7* Months *5* Days If less than 1 day Hours _____ Minutes _____

9 Occupation: *at home*

10 Industry *Housewife* or Business:

11 Social Security No. _____

12 BIRTHPLACE (City) *Newburyport* (State or country) *Mass*

13 NAME OF FATHER *James Albert Rand*

14 BIRTHPLACE OF FATHER (City) *Newburyport* (State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Lydia Worcester Litch*

16 BIRTHPLACE OF MOTHER (City) *Litchfield* (State or country) *Maine*

17 Informant *Frederick Plummer* (Address) *28 Thornton Park Winthrop*
Relation, if any *(Husband)*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

J. M. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *10/23/43* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 22 1943*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at *2202* m. Immediate cause of death. *Distended by gas*

Due to *Cardiac insufficiency*

Due to _____

Other conditions. _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations. _____

Of autopsy. _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify. _____

(Signed) *Frederick Plummer* M. D.

(Address) *Winthrop Mass* Date *10/22/43*

21 *Orth Hill* (City or Town) *Newburyport Mass*

Place of Burial, Cremation or Removal. DATE OF BURIAL *Oct 24* 19*43*

22 NAME OF FUNERAL DIRECTOR *Chas. R. Berenson*

ADDRESS *Winthrop Mass*

Received and filed. _____ 19____

A TRUE COPY ATTEST: _____ (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap. 46, Sec. 10.*

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six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

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(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-C-2-42-8855

PLACE OF DEATH

1

No.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community

ysr.

mos.

days.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

231

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City

(State or country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

17

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 7:45 p.m.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date 10/25/1943

21 Holy Cross Hospital, Malden

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

OCT 25 1943

19

(Registrar)

per: Dr. H. H. H. H.

Duration

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be a
charged sta-
tistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . — General Laws, Chap. 33, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100 (Rev. 1-1-40) 695

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **285**

1 No. *104 Highland Ave* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Ella M Earle*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *104 Highland Ave* St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution. years *5* months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Widowed*
6a If married, widowed or divorced HUSBAND of *Benjamin W Earle*
(Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)
6 Age of husband or wife if alive _____ years
7 IF STILLBORN, enter that fact here.
8 AGE *85* Years Months Days If less than 1 day Hours Minutes
9 Usual Occupation: *Housewife*
10 Industry or Business: *at home*
11 Social Security No. _____
12 BIRTHPLACE (City) *Danvers* (State or country) *Mass.*
13 NAME OF FATHER *Daniel Fogg*
14 BIRTHPLACE OF FATHER (City) *Danvers* (State or country) *Mass.*
15 MAIDEN NAME OF MOTHER *Ella unknown*
16 BIRTHPLACE OF MOTHER (City) *Danvers* (State or country) *Mass.*

17 Informant *Michael Green* (Address) *Washington Chambers*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Health Officer or other)
H.D. [Signature]
10/12/43

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 25* 19*43*
(Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from *Oct 25* 19*43*
I last saw him alive on *Oct 25* 19*43*, death is said to have occurred on the date stated above, at *9:40 p.* m.
Immediate cause of death *Cerebral Decomposition*
Due to *Ch. Hypertension (Heart Disease)*
Due to *Arteriosclerosis*
Other conditions *Semipr*
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____ Date of _____
Of autopsy _____
What test confirmed diagnosis? *Clinical*

Duration
Important

Important

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *[Signature]* M. D.
(Address) *108 Wentworth St.* Date *Oct 17* 19*43*
21 *Cedar Grove Cemetery* *Reality*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *Oct 28* 19*43*
22 NAME OF FUNERAL DIRECTOR *Kelly Bros. & Kelly*
ADDRESS *210 Wentworth St.*

Received and filed *Oct 29 1943* 19

A TRUE COPY ATTEST:

(Registrar)

.....

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap. 46, Sec. 10.*

SPACE FOR ADDITIONAL INFORMATION.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

the purpose of these laws call
practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(3) Medical examiners will investigate and certify as to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

[illegible]

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 210 Main St.



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 236

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Lucy Amanda Floyd
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(PHYSICIAN - IMPORTANT)
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(a) Residence, No. 210 Main St.
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 87 yrs. 7 mos. 29 days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Single
 5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 7 Months 29 Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: Housework

Industry
 10 or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop
 (State or country) Mass.

13 NAME OF
 FATHER Edward Floyd

14 BIRTHPLACE OF
 FATHER (City) Winthrop
 (State or country) Mass.

15 MAIDEN NAME
 OF MOTHER Lucretia Tewksbury

16 BIRTHPLACE OF
 MOTHER (City) Winthrop
 (State or country) Mass.

17 Informant Leroy Colvell (Nephew)
 (Address) 210 Main St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other
 Health Officer) (Date of Issue of Permit) 10/28/43
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 25 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
 June 8, 1943, to Oct 25, 1943.

I last saw her alive on Oct 25, 1943, death is said to
 have occurred on the date stated above, at 8:50 P. M.

Immediate cause of death

Cerebral Thrombosis

Due to Ant. Salmon

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas J. O'Brien M. D.

(Address) 145 Main St. Date Oct 26, 1943

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 28 1943

22 NAME OF FUNERAL DIRECTOR Howard S. O'Brien

ADDRESS Winthrop Mass.

Received and Read 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where some was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 207

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 10 Highland Ave.



2 FULL NAME Nelson Ernest Hayden
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(a) Residence, No. 10 Highland Ave. St.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 50 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Married

18 DATE OF DEATH Oct. 26 1943
 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Martha A Baxter
 (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from
 Oct. 23, 1943, to Oct. 26, 1943.

(or) WIFE of (Husband's name in full)

I last saw h. m. alive on Oct. 25, 1943, death is said to

6 Age of husband or wife if alive years

have occurred on the date stated above, at 1 p.m.

7 IF STILLBORN, enter that fact here.

Immediate cause of death.

8 AGE 70 Years 16 Days | If less than 1 day
 Hours Minutes

Chronic Myocarditis

9 Occupation: Builder

Duration

Industry Contractor

Due to

11 Social Security No. None

Due to

12 BIRTHPLACE (City) Bakerville
 (State or country) Conn.

Other conditions Broncho-pneumonia
 (Include pregnancy within 3 months of death)

13 NAME OF FATHER Edward Hayden

Major findings:
 Of operations

14 BIRTHPLACE OF FATHER (City) Conn.
 (State or country)

Date of

15 MAIDEN NAME OF MOTHER Phebye Finn

Of autopsy

16 BIRTHPLACE OF MOTHER (City) Conn.
 (State or country)

What test confirmed diagnosis?

17 Informant Martha Hayden Relationship any
 (Address) 10 Highland Ave. Winthrop

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signed) Louis F. Salerno M. D.
 (Address) 125 Pleasant St. Date Oct. 27, 1943

(Signature of Agent of Board of Health or other)
 Health Officer 10/28/43

21 Winthrop Winthrop
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL October 29 1943

(Official Designation) (Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
 ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

208

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 165 Taft Ave., Point Shirley, Winthrop (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

2 FULL NAME LAWRENCE E. DONOVAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 165 Taft Ave., Point Shirley, Winthrop.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 14 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Divorced
WIDOWED or DIVORCED

5a If married, widowed or divorced HUSBAND of Florence Gordon.

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Inspector - Real Estate.

10 Industry or Business: Aetna Insurance Co.

11 Social Security No. unknown

12 BIRTHPLACE (City) Charlestown.
(State or country)

13 NAME OF FATHER John L. Donovan.

14 BIRTHPLACE OF FATHER (City) Ireland.
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned.

16 BIRTHPLACE OF MOTHER (City) Ireland.
(State or country)

PARENTS

17 Informant James J. Donovan (Relation, if any)
(Address) 135 Washington St., Brighton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/28/43

18 DATE OF DEATH Oct. 27, 1943.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1, 1943, to Oct 27, 1943.

I last saw him alive on Oct 27, 1943, death is said to have occurred on the date stated above, at 8:05 P. m.

Immediate cause of death: Urinemia

Due to: Carcinomatous

Due to: Inoperable malignant tumor of R. Kidney

Other conditions: (Include pregnancy within 3 months of death) 2 yrs

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Fred J. Crosby, M. D.

(Address) 867 Beacon St., Boston Date Oct 28, 1943

21 Holy Cross, Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct. 30, 1943. 19

22 NAME OF FUNERAL DIRECTOR: Frederic J. Crosby

ADDRESS: 867 Beacon St., Boston

Resolved and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9698

PLACE OF DEATH

SUFFOLK
COUNTY
BOSTON



(City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Horace Stanley Gilchrist (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Hermon St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months 4 days. In this community yrs. mos. 4 days. (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

18 DATE OF DEATH October 24 1943 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Ida M. Henderson (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from October 20, 1943, to October 24, 1943. I last saw him alive on October 21, 1943. Death is said to have occurred on the date stated above, at 10:50 P. m. Duration

6 Age of husband or wife if alive 62 years

Immediate cause of death

7 IF STILLBORN, enter that fact here.

Congestive failure Term. mos.

8 AGE 72 Years 8 Months 27 Days If less than 1 day Hours Minutes

Due to Aortic bacterial endocarditis

9 Usual Occupation: Laundry salesman

Due to

10 Industry or Business: Family laundry

Other conditions (Include pregnancy within 3 months of death) Physician

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Canada

Major findings: Of operations Date of

13 NAME OF FATHER Samuel Gilchrist

Of autopsy What test confirmed diagnosis? autopsy

14 BIRTHPLACE OF FATHER (City) (State or country) Canada

20 Was disease or injury in any way related to occupation of deceased? no

15 MAIDEN NAME OF MOTHER Elizabeth Belyea

If so, specify H. W. Benjamin (Signed) M. D.

16 BIRTHPLACE OF MOTHER (City) (State or country) Canada

(Address) P. B. R. Hosp. Date 10-25-1943

17 Informant (Address) (Relation, if any) wife

21 PLACE OF BURIAL, Winthrop-Winthrop, Mass. CREMATION OR REMOVAL (Cemetery) (City or Town)

A TRUE COPY Francis J. Fay (Registrar of city or town where death occurred)

DATE OF BURIAL October 27 1943

ATTEST: (Registrar of city or town where death occurred)

22 NAME OF FUNERAL DIRECTOR H. S. Reynolds ADDRESS Winthrop, Mass.

DATE FILED 1943

Received and filed NOV 16 1943 19

(Registrar of City or Town where deceased resided)



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c) 1-41-4667

1 PLACE OF DEATH		{ SUFFOLK (County) BOSTON		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS COPY OF CERTIFICATE OF DEATH		BOSTON (City or town making return) 240 Registered No. 9674	
		(City or Town) No. Mass. Memorial Hospitals St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)		Donald Wilson (If U. S. War Veteran, specify WAR)					
(a) Residence. No. 173 River Road (Usual place of abode)		St. Winthrop, Mass. (If nonresident, give city or town and State)					
Length of stay: in hospital or institution..... years (Before death) (Specify whether)		months 2 days. In this community yrs. mos. 2 days.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX M		4 COLOR OR RACE W		5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single		18 DATE OF DEATH October 24 1943 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)				19 I HEREBY CERTIFY, That I attended deceased from October 22 1943 to Oct. 24/43 I last saw h..... alive on Oct. 24/43 19..... death is said to have occurred on the date stated above, at 12.36 a.m.			
6 Age of husband or wife if alive years				Immediate cause of death.....			
7 IF STILLBORN, enter that fact here.				Meningitis-Meningococcic 1 week			
8 AGE 6 Years 2 Months Days If less than 1 day Hours Minutes				Due to.....			
9 Occupation: --				Due to.....			
10 Industry or Business: --				Other conditions splanchnic toxemia (Include pregnancy within 3 months of death)			
11 Social Security No. --				Physician Underline the cause to which death should be charged statistically.			
12 BIRTHPLACE (City) (State or country) East Boston, Mass.				Major findings: Of operations..... Date of.....			
13 NAME OF FATHER Joseph Wilson		14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia		Of autopsy as above		What test confirmed diagnosis? autopsy	
15 MAIDEN NAME OF MOTHER Mary E. Silva		16 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.		20 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) H. M. Pollock (Address) Mass. Mer. Hosp. Date 10-21-43 M. D.			
17 Informant..... (Address) Francis J. Fay Relation, if any (Mother)		21 PLACE OF BURIAL Holy Cross-Malden, Mass. CREMATION OR REMOVAL (Cemetery)		DATE OF BURIAL October 26/43 19.....			
A TRUE COPY.		22 NAME OF FUNERAL DIRECTOR R. C. Kirby ADDRESS Boston, Mass.		Received and filed NOV 16 1943 19..... (Registrar of City or Town where deceased resided)			
ATTEST: (Registrar of city or town where death occurred)		DATE FILED October 27 1943					



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-1-4667

1 PLACE OF DEATH
 1 {
 (County) **FOLK BOSTON**
 (City or Town) **Carney Hospital**
 No. _____ St. _____

2 FULL NAME **Louise Hogan**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **82 Waldemar Ave.** St. **Winthrop, Mass.**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years months **10** days. In this community yrs. mos. **10** days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** **4 COLOR OR RACE** **W** **5 SINGLE** (write the word)
MARRIED **WIDOWED** **Widowed**
 or **DIVORCED**

5a If married, widowed, or divorced
HUSBAND of _____ (Give maiden name of wife in full)
 (or) **WIFE** of **John W. Hogan**
 (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE **79** Years _____ Months _____ Days _____ If less than 1 day
 Hours _____ Minutes _____

9 Usual Occupation: **Housewife**

10 Industry or Business: **own home**

11 Social Security No. _____

12 BIRTHPLACE (City) _____ (State or country) **Cambridge, Mass.**

PARENTS

13 NAME OF FATHER **Peter Kivlan**

14 BIRTHPLACE OF FATHER (City) _____ (State or country) **Ireland**

15 MAIDEN NAME OF MOTHER **Catherine McLoughlin**

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) **Ireland**

17 Informant **John Hogan** (Relation, if any) **(son)**
 (Address)

A TRUE COPY.
ATTEST: _____ (Registrar of city or town where death occurred)
DATE FILED **Nov. 3/43** 19**43**

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

BOSTON
 (City or town making return)
 Registered No. **9862**

St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) _____

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 31 1943**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Oct. 22/43** 19____, to **Oct. 31/43** 19____
 I last saw h. **er** alive on **Oct. 31/43** 19____, death is said to have occurred on the date stated above, at **1.45 a.m.** Duration _____

Immediate cause of death _____

Uremia **4 days**
 Due to **Carcinoma of uterus** **? mos**
with metastasis

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____ Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? **NO**
 If so, specify _____
 (Signed) **S. R. Baker** M. D.
 (Address) **Carney Hospital** Date **10-31-1943**

21 PLACE OF BURIAL, **Holy Cross Cem-Malden, Mass.**
 CREMATION OR REMOVAL _____ (Cemetery) _____ (City or Town)
Nov. 2/43
DATE OF BURIAL _____ 19____

22 NAME OF FUNERAL DIRECTOR **J. F. O'Maley**
 ADDRESS **Winthrop, Mass.**

Received and filed **NOV 10 1943** 19____
 (Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 242

2 FULL NAME Frank-Willast - Tucker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 46 Brookfield Road Winthrop Mass
(Usual place of abode)

Length of stay: In hospital or institution years months 7 days. In this community 62 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of Jennie Eugenia (Shaw) Tucker
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive. 82 years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 7 Months 16 Days If less than 1 day
Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Caregar & Automobile Mfg

11 Social Security No. X X X

12 BIRTHPLACE (City) E. nat. Boston
(State or country) Mass.

13 NAME OF FATHER Jonathan M. Tucker

14 BIRTHPLACE OF FATHER (City) Salisbury
(State or country) Mass

15 MAIDEN NAME OF MOTHER Sarah E. Hewitt

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Jennie E. Tucker Relation, if any Wife
(Address) 46 Brookfield Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/3/43
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 1 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1943, to Nov 1, 1943

I last saw h.i.m. alive on Oct 31, 1943, death is said to have occurred on the date stated above, at 5:50 p.m.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to Senile Arteriosclerosis 10 years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Simul Signs

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Donald O. Dun M. D.
(Address) Winthrop Date Nov 1 1943

21 Winthrop Community Hospital Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 1 1943

22 NAME OF FUNERAL DIRECTOR Chas. R. Benson
ADDRESS Winthrop Mass

Received and filed 1943 19.....

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m (g)-1-41-1667

1 PLACE OF DEATH

Jeff Mc

(County)

Winthrop

(City or Town)

No. 299 A Shirley St



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 243

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Esther Bursstein
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 49 Hawthorne Ave Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 22 yrs. mos. days.
(Before death)

PHYSICIAN—IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Samuel Bursstein
(Husband's name in full)

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Elizer Kaplan

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Leah Sarah (cannot be learned)

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Jack Bursstein (Address) 48 Coolidge St Brooklyn
Relation, if any (Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 2 - 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Coronary sclerosis
myocarditis

20 Accident, suicide, or homicide (specify) —
Date of occurrence 19

Where did Injury occur? —
(City or town and State)

Did Injury occur in or about home, on farm, in industrial place, or in public
place? —
(Specify type of place)

Manner of Injury Collapsed while shopping &
Nature of Injury carrying parcels
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —

If so, specify —
(Signed) M. D. —
(Address) — Date 2 - 1943

22 Winthrop Cem. Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 3, 1943

23 NAME OF FUNERAL DIRECTOR Manuel Slanetsky
ADDRESS 10 Washington St Dbr.

Received and filed NOV 8 1943 19

(Registrar)

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

REVERSE NOTIFIED

12/8/43

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 244

1 PLACE OF DEATH

Suffolk
(County)
Waltham
(City or Town)
No. Waltham Community Hospital St.



(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Katherine Conrad Bopp
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 17 Blanchard Ave St. Reser, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 46 days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced Louis Bopp
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Amusement proprietor

Industry Self

10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Germany
(State or country)

13 NAME OF FATHER cannot be learned

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER cannot be learned

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

PARENTS

17 Informant John Rottelmeier (Address) 17 Blanchard Ave Reser, Mass. (Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Mulvihill Jr. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/6/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 3, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 1, 1943 to November 3, 1943

I last saw her alive on November 3, 1943 death is said to have occurred on the date stated above, at 1:05 p.m.

Immediate cause of death

Carcinoma of uterus

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Chest X-ray

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Anna C. Mum Date 12/8/43 M. D.

(Address) Waltham Date 12/8/43

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 11, 1943

22 NAME OF FUNERAL DIRECTOR, John W. Merwin

ADDRESS 30.5 Beach St. Reser, Mass.

Received and filed 11/11/43 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 245

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

1 PLACE OF DEATH Suffolk County, Winthrop, Mass.
(City or town)
No. 9 Almont St. Winthrop St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME Alfonzina Luongo
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 9 Almont St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 30 yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widow
WIDOWED
or DIVORCED
5a If married, widowed, or divorced
HUSBAND of Late Carmine Luongo
(Give maiden name of wife in full)
(or) WIFE of Late Carmine Luongo
(Husband's name in full)

18 DATE OF DEATH Nov. 5 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 30 1943, to Nov 5 1943
I last saw him alive on Nov 4 1943, death is said to
have occurred on the date stated above, at 6:30 A m.

6 Age of husband or wife if alive _____ years
7 IF STILLBORN, enter that fact here.

Immediate cause of death _____ Duration

8 AGE 67 Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes

Broncho pneumonia 6 days

Usual Occupation: House Wife

Due to _____

Industry or Business: _____

Due to _____

11 Social Security No. none

Other conditions Chronic Myocarditis 1 yr
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Avellino
(State or country) Italy

Major findings: _____
Of operations _____

13 NAME OF FATHER Alfonzo Grandi

Date of _____
Of autopsy _____

14 BIRTHPLACE OF FATHER (City) Avellino
(State or country) Italy

What test confirmed diagnosis? _____

15 MAIDEN NAME OF MOTHER Alfonzina Grandi

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

16 BIRTHPLACE OF MOTHER (City) Avellino
(State or country) Italy

(Signed) Louis F. Salerni M. D.
(Address) 175 Pleasant St. Date Nov 6 1943

17 Informant Alfonzo Luongo Relation, if any son
(Address) 9 Almont St. Winthrop

21 Winthrop Cemetery Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 8 1943

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
William D. Chidress

22 NAME OF FUNERAL DIRECTOR Lillian Cataldo
ADDRESS 34 Prince St. Boston, Mass.

(Signature of Agent of Board of Health or other)
agent (Official Designation)
Nov. 7/43 (Date of Issue of Permit)

Received and filed _____ 19 _____
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH

1 **Suffolk**
(County)

Wintthrop
(City or Town)

No. **11 Sea Foam Ave -**

2 FULL NAME **Louis Steinberg**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **11 Sea Foam Ave** St. **Wintthrop**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community / yrs. 6 mos. days.
(Before death) (Specify whether)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **246**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a **World War**
U. S. War Veteran, **4**
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Married**
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced **Rose Reznick**
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive **45** years

7 IF STILLBORN, enter that fact here.

8 AGE **45** Years Months Days | If less than 1 day Hours Minutes

9 Occupation: **Salesman**

10 Industry or Business: **Insulation**

11 Social Security No.

12 BIRTHPLACE (City) **Russia**
(State or country)

PARENTS

13 NAME OF FATHER **Samuel M. Steinberg**

14 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

15 MAIDEN NAME OF MOTHER **Israh (Unknown)**

16 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

17 Informant **Rose Steinberg** Relationship if any **Wife**
(Address) **11 Sea Foam Ave Wintthrop**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 5 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **November 1, 1943** to **November 5, 1943**

I last saw him alive on **November 4, 1943** death is said to have occurred on the date stated above, at **1:20 A.M.**

Immediate cause of death **Acute Coronary Thrombosis** Duration **1 year**

Due to **Angina Pectoris** **2 years**

Due to

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none** Physician **Underline the cause to which death should be charged statistically.**

Of operations

Of autopsy **none**

What test confirmed diagnosis? **clinical & laboratory**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Jacob Chayes M.D.** M. D.
(Signed) (Address) **662 Hurley St.** Date **Nov 5, 1943**

21 **Beth Israel Wintthrop Mass** Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **Nov. 5 1943**

22 NAME OF FUNERAL DIRECTOR **Israh & Sons**
ADDRESS **324 Washington St. Wintthrop**

Received and filed **19**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chubel
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/5/43** (Date of Issue of Permit)

NOV 5 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such special shall appear upon the permit. The board of health, or agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH
1

Suffolk

(County)

Winthrop

(City or Town)

No. 19 Thornton Street



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 8874

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Benjamin Howatt

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Thornton Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 54 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDDED

OR DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Jennie MacKenzie

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 3 Months 8 Days | If less than 1 day Hours Minutes

Usual

9 Occupation: Retired, Police Officer

10 Industry or Business: Winthrop Police Dept.

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country)

Prince Edward Island

PARENTS

13 NAME OF
FATHER

James Howatt

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Prince Edward Island

15 MAIDEN NAME
OF MOTHER

Jenet MacPherson

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Prince Edward Island

17 Informant Jennie Howatt

Relation, if any

(Address) 19 Thornton St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHNov. 6 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept. 1, 1943 to Nov. 6, 1943

I last saw him alive on Nov. 5, 1943, death is said to

have occurred on the date stated above, at 6:30 A.M.

Immediate cause of death:

Duration

Due to

Due to

Other conditions...
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed)

(Address)

M. D.

Date

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Nov. 8

1943

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

IMPORTANT

IMPORTANT
PhysicianUnderline
the cause to
which death
should be a
charged statistically.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L. (Tercentenary Edition).

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

PLACE OF DEATH

1 { **Suffolk**
(County)
Winthrop
(City or Town)
No. **507 Pleasant St.**

2 FULL NAME **Frances Mable Winne** **or Winnie** **(Ford)**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **507 Pleasant St.** St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **30** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** **4 COLOR OR RACE** **White** **5 SINGLE** (write the word) **MARRIED** **WIDOWED** **or DIVORCED** **Widow**

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) **WIFE** of **Charles S Winne**
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE **92** Years **10** Months **12** Days | If less than 1 day Hours _____ Minutes

9 Usual Occupation: **Housewife**

10 Industry or Business: **Own Home**

11 Social Security No. **None**

12 BIRTHPLACE (City) _____ (State or country) **Illinois**

13 NAME OF FATHER **Ford**

14 BIRTHPLACE OF FATHER (City) _____ (State or country) **Illinois**

15 MAIDEN NAME OF MOTHER **Unable to Obtain**

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) **Virginia**

17 Informant **Mrs Julia Murphy** Relation, if any **(Mother)**
(Address) **85 Newbury St Boston**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me **BEFORE** the burial or transit permit was issued:
Wm. S. Childs
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/9/43** (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **228**

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

{ **PHYSICIAN - IMPORTANT**
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 7 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Nov. 7** to **Nov. 7**, 19**43**
I last saw him alive on **Nov. 7**, 19**43** death is said to have occurred on the date stated above, at **1:30** m. Duration _____

Immediate cause of death **Crown Injury** **IMPORTANT**

Due to **arterio sclerosis** **5 yrs**

Due to **myocarditis** **10 yrs**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **Wm. S. Childs** M. D.
(Address) **Winthrop** Date **11-8-43**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **November 9 1943**

22 NAME OF FUNERAL DIRECTOR **Howard S Reynolds**
ADDRESS **Winthrop Indes**

Received and filed **19**
Nov 9 1943 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for sail purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap. 46, Sec. 10.*

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six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION.....

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 26 Wave Way Ave.



Registered No. 251

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Christina E. Gillis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

(a) Residence, No. 26 Wave Way Ave.
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution none years months days. In this community 4 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

18 DATE OF DEATH Nov. 17 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Walter E. Gillis
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
May 15, 1943 to Nov. 17, 1943

I last saw him alive on June 1, 1943 death is said to
have occurred on the date stated above, at 9:30 A.M.

6 Age of husband or wife if alive 48 years

Immediate cause of death. Duration

7 IF STILLBORN, enter that fact here.

Carcinoma uteri
with metastasis in
lung (17) IMPORTANT

8 AGE 48 Years — Months — Days | If less than 1 day
Hours Minutes

Due to lung

Usual Occupation: At Home

Due to —

Industry or Business: none

Other conditions
(Include pregnancy within 3 months of death)

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Boston
Mass.

Major findings:
Of operations

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. McNamee, M. D.
(Address) 11-18 1943

Holy Cross, Maiden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 17, 1943 19

22 NAME OF FUNERAL DIRECTOR

ADDRESS Boston

Received and filed Nov 18 1943 19

(Registrar)

PARENTS

13 NAME OF FATHER Alexander MacCormack

14 BIRTHPLACE OF FATHER (City) Sidney
(State or country) Cape Breton

15 MAIDEN NAME OF MOTHER Elizabeth Curry

16 BIRTHPLACE OF MOTHER (City) Sidney Cape Breton
(State or country)

17 Informant John Gillis (son)
(Address) 26 Wave Way Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/15/43
(Official Designation) (Date of issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for sail purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **252**

STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH **Suffolk** (County)
Wentworth (City or Town)
No. **87 Upland Rd.** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME **Anna C. (Carlson) Nelson** { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. **87 Upland Rd.** St. **Wentworth**
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution..... years months days. In this community **5** yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **W. White** 5 SINGLE (write the word)
Married MARRIED WIDOWED or DIVORCED **Widowed**
3a If married, widowed or divorced HUSBAND of **John C. Nelson** (Give maiden name of wife in full)
(or) WIFE of **John C. Nelson** (Husband's name in full)
6 Age of husband or wife if alive..... years
7 IF STILLBORN, enter that fact here.
8 AGE **58** Years Months Days If less than 1 day Hours Minutes
9 Occupation: **Home**
10 Industry or Business:
11 Social Security No. **None**
12 BIRTHPLACE (City) **Bottenberg**
(State or country) **Sweden**
13 NAME OF FATHER **John Carlson**
14 BIRTHPLACE OF FATHER (City) **Sweden**
(State or country)
15 MAIDEN NAME OF MOTHER **Maria (Unknown)**
16 BIRTHPLACE OF MOTHER (City) **Sweden**
(State or country)

PARENTS

17 Informant **Carl Nelson** Relation, if any **Son**
(Address) **111 as Park**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chubb
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/17/43** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 10, 1943**
(Month) (Day) (Year)
19 I HEREBY CERTIFY That I attended deceased from **Nov. 12, 1943** to **Nov. 15, 1943**
I last saw him alive on **Nov. 14, 1943** death is said to have occurred on the date stated above, at **5:30 a.m.**
Immediate cause of death **Cerebral Hemorrhage**
Due to **arteriosclerosis** 100%
Due to **Hypertension** 50%
Other conditions (Include pregnancy within 3 months of death)
Major findings :
Of operations Date of
Of autopsy
What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **D. J. Mahoney** M. D.
(Address) **Wentworth** Date **11-16-1943**
21 Place of Burial, Cremation or Removal **Cem. Wentworth** (City or Town)
DATE OF BURIAL **Nov. 17, 1943**
22 NAME OF FUNERAL DIRECTOR **Harry B. ...**
ADDRESS **210 Wentworth St. Wentworth**
Received and filed **Nov 18 1943** (Registrar)

Duration
IMPORTANT

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom from a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

253

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 97 Grovers Ave



2 FULL NAME: George F. Hazel
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 97 Grovers Ave
(Usual place of abode)

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution years months days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED
WIDOWED
OR DIVORCED Married

5a If married, widowed or divorced
HUSBAND of Mary E. Mooney
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years — Months — Days | If less than 1 day Hours Minutes

Usual
9 Occupation: Salesman

Industry
10 or Business: Leather

11 Social Security No. 030 -16-0894

12 BIRTHPLACE (City) Cambridge
(State or country) Mass

13 NAME OF
FATHER William Hazel

14 BIRTHPLACE OF
FATHER (City) Ireland
(State or country)

15 MAIDEN NAME
OF MOTHER Ellen Harrington

16 BIRTHPLACE OF
MOTHER (City) Ireland
(State or country)

17 Informant Mary E. Hazel (Relation, if any)
(Address) 97 Grovers Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers, Jr.
(Signature of Agent of Board of Health or other)
Health Officer 11/18/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 17, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 15, 1943, to Nov. 17, 1943
I last saw him alive on Nov. 17, 1943 death is said to
have occurred on the date stated above, at 1:50 P.M.

Immediate cause of death

Coronary embolism
Due to hypertension

Due to atherosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify:
(Signed) J. J. Mahoney M. D.
(Address) Winthrop Date 11/17/43

21 Place of Burial, Cremation or Removal Winthrop Winthrop
(City or Town)

DATE OF BURIAL Nov. 20, 1943

22 NAME OF FUNERAL DIRECTOR John J. Mahoney
ADDRESS Winthrop

Resolved and Aided 1943

(Registrar)

Duration
IMPORTANT
day

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness; if the decedent had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 254

1 { PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 49 Prospect Ave.



St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Charles Calvin Cook
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 49 Prospect Ave.
 (Usual place of abode)

St. _____
 (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 22 yrs. _____ mos. _____ days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Married</u>	
5a If married, widowed, or divorced <u>Lydia Stone</u> HUSBAND of _____ (Give maiden name of wife in full)			
(or) WIFE of _____ (Husband's name in full)			
6 Age of husband or wife if alive <u>84</u> years			
7 IF STILLBORN, enter that fact here.			
8 AGE <u>83</u> Years <u>8</u> Months <u>10</u> Days If less than 1 day Hours _____ Minutes _____			
9 Usual Occupation: <u>Salesman (Retired)</u>			
10 Industry or Business: <u>Hardware</u>			
11 Social Security No. <u>None</u>			
12 BIRTHPLACE (City) <u>East Northfield</u> (State or country) <u>Mass.</u>			
13 NAME OF FATHER <u>George Cook</u>			
14 BIRTHPLACE OF FATHER (City) <u>Unable To Obtain</u> (State or country)			
15 MAIDEN NAME OF MOTHER <u>Martha ?</u>			
16 BIRTHPLACE OF MOTHER (City) <u>Unable To Obtain</u> (State or country)			
17 Informant <u>Martha S Ridley</u> Relation, if any <u>Daughter</u> (Address) <u>47 Prospect Ave. Winthrop</u>			

PARENTS

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH <u>Nov 18</u> <u>1943</u> (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from <u>Nov 8</u> , 19 <u>43</u> , to <u>Nov 18</u> , 19 <u>43</u> . I last saw him <u>alive</u> on <u>Nov 18</u> , 19 <u>43</u> , death is said to have occurred on the date stated above, at <u>5:45 P.M.</u> Immediate cause of death <u>Myocardial Infarction</u> <u>Coronary Thrombosis</u> <u>Arteriosclerosis</u> Due to _____ Due to _____ Other conditions <u>Smoking + Hypertension H. Q. Done yrs</u> (Include pregnancy within 3 months of death) Major findings: _____ Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? <u>Clinical</u>	
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Richard A. Pinsky</u> M. D. (Address) <u>148 W. Hamp St.</u> Date <u>Nov 19, 1943</u>	
21 <u>Woodlawn Crematory</u> <u>Everett Mass</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>NOV. 22</u> <u>1943</u>	
22 NAME OF FUNERAL DIRECTOR <u>Howard S. Reynolds</u> ADDRESS <u>Winthrop Mass.</u> Received and filed <u>NOV 23 1943</u> <u>19</u> (Registrar)	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
 (Signature of Agent of Board of Health or other)
HO Nov. 20/43
 (Official Designation) (Date of Issue of Permit)

IMPORTANT
Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH
1Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 255

2 FULL NAME Eunice Sabin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 26 Wave Way Avenue
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution Hosp. years months 4 days. In this community 7 yrs. mos. days.
(Define death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED18 DATE OF DEATH Nov. 20 1943
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from
Nov. 20, 1943 to Nov. 20, 1943
I last saw him alive on Nov. 20, 1943, death is said to
have occurred on the date stated above, at 4:45 P.M.

6 Age of husband or wife if alive years

Immediate cause of death Status Symptomatic Duration

7 IF STILLBORN, enter that fact here.

8 AGE 7 Years X Months X Days If less than 1 day
Hours MinutesDue to (Status Symptomatic)
(Relieved by medical treatment)

9 Occupation: Schoolgirl

Due to (Status Symptomatic)
(Relieved by medical treatment)

Industry none

10 or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Malden
(State or country) Mass.

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

13 NAME OF FATHER Edward Sabin

Major findings: Of operations Physician

14 BIRTHPLACE OF FATHER (City) Everett
(State or country) Mass.

Underline the cause to which death should be charged statistically.

15 MAIDEN NAME OF MOTHER Irene Broidy

16 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.17 Informant Edward Sabin (Relation, if any) (Father)
(Address) 26 Wave Way Ave. Winthrop

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. Date 11/20/43

21 Wilkomir Cem. - Chelsea
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 21, 1943.22 NAME OF FUNERAL DIRECTOR H. J. Tori
ADDRESS 151 Washington Ave. Chelsea

Received and filed Nov. 21, 1943 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
Health Officer 11/21/43
(Official Designation) (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Alfred H. ... to ... 1914
12th Street ...

1 PLACE OF DEATH
 S. H. H. K.
 (County)
 Winthrop
 (City or Town)
 No. Winthrop Community Hospital



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 256

2 FULL NAME Helma S. Anderson
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 249 Pleasant St. Winthrop
 (Usual place of abode)
 Length of stay: In hospital or institution years months 14 days
 (Before death) (Specify whether) In this community 30 yrs. mos. days.

PHYSICIAN—IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of Oscar Anderson (Husband's name in full)		
6 Age of husband or wife If alive _____ years		
7 IF STILLBORN, enter that fact here.		
8 AGE 77 Years 4 Months 29 Days If less than 1 day Hours _____ Minutes		
9 Usual Occupation: Housewife		
10 Industry or Business: At Home		
11 Social Security No. none		
12 BIRTHPLACE (City) (State or country) Sweden		
13 NAME OF FATHER Olof Berstrom		
14 BIRTHPLACE OF FATHER (City) (State or country) Sweden		
15 MAIDEN NAME OF MOTHER not known		
16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden		
17 Informant Estelle A. Taylor (Address) 249 Pleasant St., Winthrop (Relation, if any) Daughter		

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH	November - 28 - 1943 (Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Spontaneous Cerebral Hemorrhage Fractured Left Femur	
20 Accident, suicide, or homicide (specify)	accidental
Date of occurrence	Nov - 12 - 1943
Where did Injury occur?	Winthrop (City of town and State)
Did Injury occur in or about home, on farm, in industrial place, or in public place?	home (Specify type of place)
Manner of Injury	Fell in her home Nov-12-1943
Nature of Injury	
While at work?	no
Was there an autopsy?	no
21 Was disease or Injury in any way related to occupation of deceased? If so, specify Mr. J. Brickley M.D. (Signed) Boston Nov-29-1943 (Address)	
22 Place of Burial, Cremation or Removal	Winthrop Winthrop (City or Town)
DATE OF BURIAL	Dec. 1, 1943
23 NAME OF FUNERAL DIRECTOR	Richard W. White
ADDRESS	147 Winthrop St., Winthrop
Received and filed	DEC 2 1943 (Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. S. Childress
 (Signature of Agent of Board of Health or other)
 Health Officer (Date of Issue of Permit) 12/1/43
 (Official Designation) (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given hedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH


Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Registered No. _____	
Suffolk (County)				STANDARD CERTIFICATE OF DEATH	
Winthrop (City or Town)					
No. Community Hospital		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
2 FULL NAME James G. Beekman (If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. 306 Revere (Usual place of abode)		St.		(If nonresident, give city or town and State)	
Length of stay: In hospital or institution. Hospital (Before death) (Specify whether)		years 1 months days.		In this community 20 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH November - 29 1943 (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of Alice Lynch (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1940, to Nov. 28, 1943, death is said to I last saw him alive on Nov 28, 1943, death is said to have occurred on the date stated above, at 7:00 p.m. Immediate cause of death.		
6 Age of husband or wife if alive 55 years			Duration IMPORTANT 4 yrs.		
7 IF STILLBORN, enter that fact here.			Carcinoma of lungs + small intestine		
8 AGE 62 Years 10 Months 27 Days If less than 1 day Hours Minutes			Due to, infection		
Usual Occupation: Sign Painter			Due to, _____		
Industry or Business: Own business			Other conditions, (Include pregnancy within 3 months of death)		
11 Social Security No. None			Major findings: Of operations Carcinoma Date of Oct 7, 1940 Of autopsy _____ What test confirmed diagnosis?		
12 BIRTHPLACE (City) Brooklyn (State or country) N.Y.			Physician Underline the cause to which death should be charged statistically.		
13 NAME OF FATHER John V. Beekman			20 Was disease or injury in any way related to occupation of deceased? No If so, specify Chronic Bronchitis (Signed) E. W. Williams M. D. (Address) 200 Washington Date Nov 29, 1943		
14 BIRTHPLACE OF FATHER (City) Somerville (State or country) New Jersey			21 Greenwood Brooklyn N.Y. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Dec. 2, 1943		
15 MAIDEN NAME OF MOTHER Annie Bennett			22 NAME OF FUNERAL DIRECTOR Walter H. Gregg ADDRESS Newton Mass.		
16 BIRTHPLACE OF MOTHER (City) Stottswood (State or country) New Jersey			Received and filed NOV 25 1943 19		
17 Informant John V. Beekman (Brother) (Address) Brae Burn Club, Newton Mass.			(Registrar)		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childers D. (Signature of Agent of Board of Health or other) Health Officer 11/29/43 (Official Designation) (Date of Issue of Permit)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contractile, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

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(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Suffolk (County)		Winthrop (City or Town)		No. Winthrop Community Hospital		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		To be filed for burial permit with Board of Health or its Agent		Registered No. 258	
1 PLACE OF DEATH		2 FULL NAME <u>Flora M Clarke</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a) Residence. No. <u>24 Lincoln Street</u> (Usual place of abode)		St.		(If nonresident, give city or town and State)							
Length of stay: In hospital or institution <u>Hospital</u> years months <u>22</u> days. (Before death) (Specify whether)		In this community <u>39</u> yrs. mos. days.									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED									
Female	White	Single									
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)											
6 Age of husband or wife if alive _____ years											
7 IF STILLBORN, enter that fact here.											
8 AGE <u>67</u> Years <u>8</u> Months <u>26</u> Days If less than 1 day Hours _____ Minutes											
9 Usual Occupation: <u>Housework</u>											
10 Industry or Business: <u>Own Home</u>											
11 Social Security No. <u>None</u>											
12 BIRTHPLACE (City) <u>Bristol</u> (State or country) <u>Vermont</u>											
13 NAME OF FATHER <u>William Clarke</u>											
14 BIRTHPLACE OF FATHER (City) <u>New Castle</u> (State or country) <u>Maine</u>											
15 MAIDEN NAME OF MOTHER <u>Elizabeth J Monroe</u>											
16 BIRTHPLACE OF MOTHER (City) <u>Bristol</u> (State or country) <u>Vermont</u>											
17 Mrs Mable Davison (Relationship) (Address) <u>31 Lincoln St Winthrop</u>											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. S. O'Neil</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>12/11/43</u> (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH <u>November 29 1943</u> (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from <u>November 5 1943</u> to <u>November 29 1943</u> I last saw him alive on <u>November 29 1943</u> death is said to have occurred on the date stated above, at <u>8:20 P.M.</u> Duration <u>22 days</u> Immediate cause of death <u>Cerebral Hemorrhage</u> <u>IMPORTANT</u> Due to <u>Arteriosclerosis</u> <u>1 year</u> Due to <u>Hypostatic Pneumonia</u> <u>2 days</u> Other conditions <u>none</u> (Include pregnancy within 3 months of death) Major findings: <u>none</u> Of operations _____ Date of _____ Of autopsy <u>none</u> What test confirmed diagnosis? <u>clinical & lab.</u> <u>IMPORTANT Physician</u> Underline the cause to which death should be charged statistically.											
20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Jaob Abrams M.D.</u> (Signed) <u>562 Shirley St. Winthrop</u> (Address) <u>11/30/43</u>											
21 <u>Winthrop</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>December 2 1943</u>											
22 NAME OF FUNERAL DIRECTOR <u>Howard W. Arnold</u> ADDRESS <u>Winthrop</u>											
Received and filed <u>DEC 2 1943</u> <u>19</u> (Registrar)											

EXTRACTS FROM THE LAWS OF THE
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SPACE FOR ADDITIONAL INFORMATION

STANDARD CERTIFICATE OF DEATH

State File No. 259
Registrar's No. 259State of Maine

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town (East) Boothbay
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: —

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass (b) County Suffolk
(c) City or town Wentworth
(If outside city or town limits, write RURAL)(d) Length of stay: In hospital or institution —
(If not in hospital or institution, write street number or location)(d) Street No. 106 Cicuit Road
(If rural, give location)In this community 5 days
(Years, months or days)

(Specify whether)

(e) If foreign born, how long in U. S. A.? — years.3. (a) FULL NAME William C. Rogers

MEDICAL CERTIFICATION

20. Date of death: Month Aug day 10
year 1943 hour — minute —3. (b) If veteran, name was No. 1 World
3. (c) Social Security No. 020 05-55221. I hereby certify that I attended the deceased from —4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid19 —, to —, 19 —:
that I last saw h — alive on —, 19 —:6. (b) Name of husband or wife Jane Hall Rogers6. (c) Age of husband or wife if alive — years

and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 15, 1873
(Month) (Day) (Year)Immediate cause of death Acute myocarditis8. AGE: Years 69 Month 10 Days 25
If less than one day — hr. — min.Due to Generalized arterio-sclerosis9. Birthplace Boston, Mass
(City, town, or country) (State or foreign country)Due to —10. Usual occupation Retired11. Industry or business Real Estate & InsuranceOther conditions —

(Include pregnancy within 3 months of death)

12. Name Nathaniel H. Rogers13. Birthplace Unknown
(City, town, or country) (State or foreign country)

Major findings:

14. Maiden name Ellen J. LudwigOf operations —15. Birthplace Waldoboro, Me
(City, town, or country) (State or foreign country)Of autopsy —16. (a) Informant's own signature Mrs. Helen Bennett(b) Address —17. (a) Burial (b) Date thereof Aug. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place; burial or cremation Wentworth, Mass(a) Accident, suicide, or homicide (specify) —(b) Date of occurrence —(c) Where did injury occur? —
(City or town) (County) (State)18. (a) Signature of funeral director Simmons & Harrington

Did injury occur in or about home, on farm, in industrial place, in public

(b) Address Boothbay Harbor, Meplace? —
(Specify type of place)19. (a) Aug. 10, 1943 Clayton W. Dodge
(Date received local registrar) (Registrar's signature)While at work? — (c) Means of injury —23. Signature Philip Gregory (M. D. or other) M. D.Address Boothbay Harbor, Me Date signed —

DEC 16 1943

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph entry, possibly a journal or a letter, written in cursive. The text is organized into several lines and paragraphs, with some lines starting with capital letters. The content is too blurry to transcribe accurately.]

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

260732

Registered No.

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers! Home Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Leo J. Gallant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

132 Main

St.

Winthrop, Mass.

(Usual place of abode)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

hospital

years

2 months

26 days.

In this community

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of Eva Hearn

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

53

years

7 IF STILLBORN, enter that fact here.

8

AGE 55 Years 7 Months 4 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Clerk

10 Industry or Business:

City of Boston

11 Social Security No.

none

12 BIRTHPLACE (City)

P.E.I. Canada

(State or country)

13 NAME OF
FATHER

Francis

14 BIRTHPLACE OF
FATHER (City)

P.E.I. Canada

(State or country)

15 MAIDEN NAME
OF MOTHER

Catherine McKenna

16 BIRTHPLACE OF
MOTHER (City)

P.E.I. Canada

(State or country)

17

Informant
(Address)

Hospital Records

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov. 19, 1943

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Nov. 19, 1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 23, 19 43, to Nov. 19, 19 43

I last saw him alive on Nov. 19, 19 43 death is said to

have occurred on the date stated above, at 6:40 a.m. Location

Immediate cause of death

Cerebral accident

5 hrs.

Due to Hypertensive heart dis.

?

Due to Generalized arterio-
sclerosis.

?

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. Blanchard

M. D.

(Address)

Soldiers! Home

Date 11/19/43

21 PLACE OF BURIAL

CREMATION OR REMOVAL

St. John's Cem. Worcester, Mass.

DATE OF BURIAL

Nov 22, 1943

(City or Town)

19

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

John F. O'Malley

79 Atlantic St. Winthrop

Received and filed

Nov 18 1943

19

(Registrar of City or Town where deceased resided)



resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4007

PLACE OF DEATH

Essex
(County)Danvers
(City or Town)

No. Danvers State Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 261

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James F. Mortelle
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 41 Temple Ave.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or Institution years 10 months 25 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years _____ Months _____ Days _____ If less than 1 day
Hours _____ Minutes _____

Usual Occupation: retired leather worker

Industry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Malden
(State or country)

13 NAME OF FATHER William H. Mortelle

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Anna Thorton

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Mary K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.

ATTEST: _____
(Registrar of city or town where death occurred)

DATE FILED 11/29/43 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 24, 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Bronchopneumonia; arteriosclerotic
heart disease

20 Accident, suicide, or homicide (specify) _____

Date of occurrence 19

Where did
Injury occur? _____
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in
public place? _____
(Specify type of place)Manner of
Injury _____Nature of
Injury _____

While at work? _____ Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify J. W. P. Murphy

(Signed) Peabody 11/24/43 M. D.

(Address) Arlington Nat'l Arlington, Va.

22 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL 11/30/43 19

23 NAME OF Owen P. Doonan Sons

FUNERAL DIRECTOR Malden

ADDRESS _____

Received and filed DEC 16 1943 19

(Registrar of City or Town where deceased resided)

RECEIVED



DEC 11 1943 AM

PLACE OF DEATH
1 SURFOLK
(County)
WINTHROP
(City or Town)
No. WINTHROP COMMUNITY HOSP.
St. {



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 262

2 FULL NAME JOSEPH HENRY FLANN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify V/WAR.)

(a) Residence. No. 103 Bay View Ave. St. (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution. 1 years 1 months 14 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

5a If married, widowed, or divorced, HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 22 Years. — Months. — Days If less than 1 day Hours. Minutes

Usual Occupation: Painter

Industry: 9 or Business: 10

11 Social Security No.

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant (Address) 103 Bay View Ave. Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. S. Chilcote
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/2/43 (Date of Issue of Permit)

18 DATE OF DEATH Dec 1 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 15, 1943, to Dec 1, 1943

I last saw him alive on Dec 30, 1943, death is said to have occurred on the date stated above, at 2:30 A.M.

Immediate cause of death

Coronary infarct

Due to myocarditis

Due to chronic valvular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. S. Chilcote M. D.

(Address) 103 Bay View Ave. Date 12/2/43

21 Place of Burial, Cremation or Removal, (City or Town)

DATE OF BURIAL Dec 2 1943

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed Dec 2 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, *etc.* As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent

Registered No. 263

1 PLACE OF DEATH { S. F. 14
 (County)
 W. 10 14
 (City or Town)
 No. 223 Woodside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Janet D. Clark
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 39 Brooks St. St. Medford Mass.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 5 yrs. mos. days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
 18 DATE OF DEATH December 7 1943
 (Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of Charles Clark (Husband's name in full)
 19 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1943, to 12/7/43, 1943
 I last saw her alive on 12/7/43, 1943, death is said to have occurred on the date stated above, at 7:45 P. m.

6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.
 8 AGE 60 Years 4 Months 9 Days | if less than 1 day Hours Minutes
 9 Usual Occupation: At Home

10 Industry or Business: Housework

11 Social Security No. None

12 BIRTHPLACE (City) N. S.
 (State or country)

13 NAME OF FATHER Daniel MacJuffie

14 BIRTHPLACE OF FATHER (City) N. S.
 (State or country)

15 MAIDEN NAME OF MOTHER Annie Smith

16 BIRTHPLACE OF MOTHER (City) N. S.
 (State or country)

17 Informant John F. Clark Relation, if any (Address) 39 Brooks St. Medford Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 (Signature of Agent of Board of Health or other)
 Health Officer 12/8/43
 (Official Designation) (Date of Issue of Permit)

PARENTS

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 7 1943
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1943, to 12/7/43, 1943

I last saw her alive on 12/7/43, 1943, death is said to have occurred on the date stated above, at 7:45 P. m.

Immediate cause of death

Chronic Hypertension with Cerebral Hemorrhage

Chronic myocardial infarction

Due to Diabetes mellitus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) (Address) 14 Hanover St. Medford Mass. Date 12/7/43 M. D.

21 SPAINY GROVE ANDOVER MASS
 Place of Burial/Cremation or Removal. (City or Town)

DATE OF BURIAL December 9, 1943

22 NAME OF FUNERAL DIRECTOR Edward Murphy & Son

ADDRESS Medford Mass

Received and filed DEC 8 1943 19

(Registrar)

IMPORTANT

1943

1943

1941

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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.....

.....

.....

.....

PLACE OF DEATH		The Commonwealth of Massachusetts		To be filed for burial permit with Board of Health or its Agent	
1		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		264	
Suffolk Mass (County)		STANDARD CERTIFICATE OF DEATH		Registered No.	
Winthrop (City or Town)		SL (If death occurred in a hospital or institution, give its NAME instead of street and number)		PHYSICIAN — IMPORTANT	
No. 20 Winthrop Hospital				(Was deceased a U. S. War Veteran, if so specify WAR)	
2 FULL NAME Nellie M. Foley					
(If deceased is a married, widowed or divorced woman, give also maiden name.)					
(a) Residence, No. 33 Dolphin Ave		St.		(If nonresident, give city or town and State)	
(Usual place of abode)					
Length of stay: In hospital or Institution X		years X months 14 days		In this community 5 yrs. mos. days.	
(Before death) (Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Fem	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 Age of husband or wife if alive year					
7 IF STILLBORN, enter that fact here.					
8 AGE 73 Years 6 Months - Days If less than 1 day Hours Minutes					
Usual Occupation: At Home					
Industry or Business:					
11 Social Security No. none					
12 BIRTHPLACE (City) No Reading Mass (State or country)					
PARENTS					
13 NAME OF FATHER Dennis C Foley					
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)					
15 MAIDEN NAME OF MOTHER Barbara Williamson					
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)					
17 Informant: Mary J. Foley (Relation, if any) (Address) 33 Dolphin Ave sister					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Date of issue of Permit) 12/11/43					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH December 13, 1943 (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from October 31, 1943, to December 13, 1943 I last saw her alive on Dec. 13, 1943, death is said to have occurred on the date stated above, at 9:45 P.m.					
Immediate cause of death: Chronic Myocarditis Chronic Nephritis arterio-sclerosis					
Due to:					
Due to:					
Other conditions (include pregnancy within 3 months of death)					
Major findings: Of operations:					
Date of:					
Of autopsy:					
What test confirmed diagnosis?					
20 Was disease or injury in any way related to occupation of deceased? If so, specify: Edward J. Frangos (Signed) 20 Washington St. Date Dec 14 1943 (Address)					
21 Place of Burial, Cremation or Removal: Andover Mass (City or Town) DATE OF BURIAL 12/16/43 19					
22 NAME OF FUNERAL DIRECTOR: John B. Connelly ADDRESS: Reading Mass					
Received and filed: DEC 15 1943 19					
(Registrar)					

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

SPACE FOR ADDITIONAL INFORMATION

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made, . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

purpose of these laws c

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(3) Medical Examiners will investigate and certify to all deaths sup-
 - possibly due to injury. These include not only deaths caused directly or in-
 - directly by traumatism (including resulting septicemia), and by the action
 - of chemical (drugs or poisons), thermal, or electrical agents, and deaths
 - following abortion, but also deaths from disease resulting from injury or
 - infection related to occupation, the sudden deaths of persons not disabled
 - by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over.

.....

[illegible]

100M-t-2-42-8855
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
from the laws on back of certificate.

001 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial or interment
with Board of Health
or its Agent.

Registered No. **265**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. *293 Bowdoin*



2 FULL NAME *Maria Bouchie*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. *85 Lexington* St. *East Boston*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution *no* years months days. In this community *30* yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>F</i>	4 COLOR OR RACE <i>W</i>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <i>Widowed</i>
5a If married, widowed, or divorced HUSBAND of <i>Simon Bouchie</i> (Give maiden name of wife in full) (or) WIFE of <i>Simon Bouchie</i> (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE <i>78</i> Years <i>2</i> Months <i>14</i> Days If less than 1 day Hours Minutes		
9 Occupation: <i>Housework</i>		
Industry or Business: <i>At home</i>		
11 Social Security No. <i>none</i>		
12 BIRTHPLACE (City) (State or country) <i>Nova Scotia</i>		
13 NAME OF FATHER <i>Wm. LeBlanc</i>		
14 BIRTHPLACE OF FATHER (City) (State or country) <i>Nova Scotia</i>		
15 MAIDEN NAME OF MOTHER <i>Marcellina Martel</i>		
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>Nova Scotia</i>		

PARENTS

17 Informant *Mrs. Mary Frederick* (Relationship, if any)
(Address) *293 Bowdoin St. Winthrop*
I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
Wm. D. Boudreau
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *12/16/43* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH <i>Dec 14 1943</i> (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from <i>Nov 15 1943</i> to <i>Dec 14 1943</i> I last saw him alive on <i>Dec 14 1943</i> death is said to have occurred on the date stated above, at <i>10 D</i> m. Immediate cause of death <i>Pulmonary Embolism</i> <i>myocarditis</i> <i>arteriosclerosis</i> Due to Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify (Signed) <i>G. J. Boudreau</i> M. D. (Address) <i>Burlington</i> Date <i>12-15-1943</i> 21 <i>Holy Cross Cem. Malden</i> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <i>12-18-43</i> 19 22 NAME OF FUNERAL DIRECTOR <i>A. J. Breslin & Son</i> ADDRESS <i>Malden</i> Received and filed <i>Dec 17 1943</i> 19 (Registrar)	

IMPORTANT

IMPORTANT

Physician
Underline
the cause to
which death
should be
charged sta-
tistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made. . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. 266

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 799 Shirley Ave



2 FULL NAME Ellerton Lodge Dorr
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 799 Shirley Ave St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution 20 years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran
if so specify WAR) World I

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married
5a If married, Widowed
HUSBAND of Lillian Thompson
(Give maiden name of wife in full)
(or) WIFE of Ellerton Dorr
(Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 30 Years 6 Months 11 Days | If less than 1 day
Hours — Minutes —9 Usual Occupation: Cotton Broker (retired)10 Industry or Business: —11 Social Security No. None12 BIRTHPLACE (City)
(State or country) Boston
Mass13 NAME OF FATHER Ellerton Lodge Dorr14 BIRTHPLACE OF FATHER (City)
(State or country) Boston
Mass15 MAIDEN NAME OF MOTHER Mary Louisa Stanwood16 BIRTHPLACE OF MOTHER (City)
(State or country) Boston
Mass17 Informant Lillian Dorr (Address)
799 Shirley Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 12/16/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 14 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan 38, 1938, to Dec 14, 1943
last saw h. Jan 38 alive on Nov 20, 1943 death is said to
have occurred on the date stated above, at 12 30 m.

Immediate cause of death acute cardiacDuration 54 hrDue to hypertensionDue to arteriosclerosisOther conditions chronic cystitis(Include pregnancy within 3 months of death) 15 hrMajor findings: NoOf operations: NoDate of —Of autopsy: NoWhat test confirmed diagnosis? Clinical20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles O. Thompson(Signed) W. H. Watson M. D.(Address) 189 W. 1st St. Cambridge Date Dec 14 194321 Place of Burial, Cremation or Removal St. Auburn Cemetery CambridgeDATE OF BURIAL December 17 194322 NAME OF FUNERAL DIRECTOR J. S. Waterman & SonsADDRESS Boston, Mass. D.W.P.Received and filed Dec 17 1943 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 268

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 75 Washington Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Charles P. Pike

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 75 Washington Ave

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 45 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 95 Years Months Days If less than 1 day
AGE Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Jeweller

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER Charles Pike

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Nora Bean

16 BIRTHPLACE OF MOTHER (City) Dublin
(State or country) Ireland

17 Informant Richard Pike Nephew
(Address) 75 Washington Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 12/23/43
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH December 20 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec. 18th 1943, to Dec. 20 1943

I last saw him alive on Dec 20, 1943 death is said to
have occurred on the date stated above, at 11:55 P. M.

Immediate cause of death: Broncho-Pneumonia Duration 3 days
IMPORTANT

Due to Senile Myocarditis 5 years

Due to

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.
Of autopsy 2004
What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Daniel J. O'Brien M. D.
(Address) Winthrop, Mass Date Dec 21 1943

21 St. Marys Dorchester Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 23 1943 19

22 NAME OF FUNERAL DIRECTOR John J. O'Malley
ADDRESS Winthrop

Revised and filed Dec 29 1943 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, assthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

100M-6-2-42-8855
extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. 80 Somerset Ave.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 2220

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John William Simson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 80 Somerset Ave.
(Usual place of abode)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In hospital or institution years months days. In this community 37 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced Elizabeth Fullerton HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive 65 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 65 Years 11 Months 10 Days If less than 1 day Hours Minutes		
9 Occupation: Grocer		
10 Industry or Business: Grocery Store		
11 Social Security No. None		
12 BIRTHPLACE (City) Grand Pre (State or country) Nova Scotia		
13 NAME OF FATHER James Simson		
14 BIRTHPLACE OF FATHER (City) Grand Pre (State or country) Nova Scotia		
15 MAIDEN NAME OF MOTHER Hattie Raunsefell		
16 BIRTHPLACE OF MOTHER (City) Grand Pre (State or country) Nova Scotia		

17 Informant Elizabeth Simson (Wife)
(Address) 80 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 12/23/43

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH December 21 1943 (Month) (Day) (Year)	
19 I HEREBY CERTIFY, That I attended deceased from December 7 1943 to December 21 1943 I last saw him alive on December 21 1943 death is said to have occurred on the date stated above, at 7:45 P. m. Immediate cause of death Acute Coronary Thrombosis Due to Angina Pectoris Other conditions none (Include pregnancy within 3 months of death) Major findings: none Of operations Of autopsy none What test confirmed diagnosis? clinical lab.	
20 Was disease or injury in any way related to occupation of deceased if so, specify Jacob Thomas, Jr. (Signed) 62 Shirley St. Date 12/22/43 (Address)	Duration 14 days 6 mos
21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL December 24 1943	IMPORTANT Physician Underline the cause to which death should be charged statistically.
22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop, Maine	
Received and filed DEC 27 1943 (Registrar)	

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH *Suffolk* (County)
Winchester Mass (City or Town)
 No. *80 Washington Avenue* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. *270*

2 FULL NAME *George Cheever Sinclair*
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. *80 Washington Avenue Winchester* St. (If nonresident, give city or town and state)
 Length of stay: In hospital or institution _____ years *X* months *X* days. In this community *6* yrs. *8* mos. *-* days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
 MARRIED *Widowed married*
 WIDOWED *married*
 OR DIVORCED

5a If married, widowed, or divorced
 HUSBAND of *Ruth Weston Sinclair*
 (Give maiden name of wife in full)
 (or) WIFE of _____
 (Husband's name in full)

6 Age of husband or wife if alive. *53* years
 7 IF STILLBORN, enter that fact here.

8 AGE *55* Years *4* Months *14* Days | If less than 1 day
 Hours _____ Minutes _____

9 Occupation *Underwriter*
 Industry *Surety Bonds*
 10 or Business:

11 Social Security No. *015-03-9641*

12 BIRTHPLACE (City) *Somerville*
 (State or country) *Mass*

13 NAME OF FATHER *Alfred Palmerston Sinclair*

14 BIRTHPLACE OF FATHER (City) *unable to obtain*
 (State or country) " " "

15 MAIDEN NAME OF MOTHER *Emma J. Green*

16 BIRTHPLACE OF MOTHER (City) *unable to obtain*
 (State or country) " " "

17 Informant *Ruth P. Sinclair (Wife)* Relation, if any
 (Address) *80 Washington Ave Winchester*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childers, Jr.
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *12/23/43* (Date of issue of permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *December 21, 1943*
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Dec 20, 1943* to *Dec 21, 1943*
 I last saw him alive on *Dec 21, 1943* death is said to have occurred on the date stated above, at *1308 N. St.* m.
 Immediate cause of death _____
 Duration *3 days*
 IMPORTANT

Due to *to bad pneumonia*

Due to _____

Other conditions *Diabetes*
 (Include pregnancy within 3 months of death)

IMPORTANT

PHYSICIAN

Major findings:
 Of operations *none* Date of _____
 Of autopsy *none*
 What test confirmed diagnosis? *Clinical Signs*
 Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *D. J. O'Brien, M. D.* M. D.
 (Address) *125 N. St. Somerville Mass.* Date *Dec 21, 1943*

21 *mt Auburn Cemetery Cambridge Mass*
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL *Dec 23 mt Auburn Cemetery* 19 *43*

22 NAME OF FUNERAL DIRECTOR *Chas. R. Bernier*
 ADDRESS *Winchester Mass*

Received and filed *Dec 27 1943* 19 _____
 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

1 { PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 14 Sargent St.



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent
Registered No. 501

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Frances F. Low
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 14 Sargent St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 49 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

18 DATE OF DEATH Dec 22 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 1, 1943, to Dec 22, 1943
I last saw h. alive on Dec 22 1943 death is said to
have occurred on the date stated above, at 12:30 P.M.

6 Age of husband or wife if alive years

Immediate cause of death
Coronary embolism
Duration 4 days
IMPORTANT

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 5 Months 19 Days | If less than 1 day
Hours Minutes

Due to antonio sclerosis

9 Usual Occupation: Housework

Due to

10 Industry or Business: Own Home

Due to

11 Social Security No. None

Other conditions
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

Major findings: Of operations
IMPORTANT Physician

13 NAME OF FATHER Ebenezer Low

Underline the cause to which death should be charged statistically.
Date of
Of autopsy
What test confirmed diagnosis?

14 BIRTHPLACE OF FATHER (City) Essex
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Nancy Foster

16 BIRTHPLACE OF MOTHER (City) Essex
(State or country) Mass.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

17 Informant Minnie Sampson (Niece)
(Address) 14 Sargent St. Winthrop

(Signed) M. D.
(Address) Spring St. Date 12-22-1943

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

21 Spring St. Essex
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 24 1943

(Signature of Agent of Board of Health or other)
Health Officer 12/23/43
(Official Designation) (Date of Issue of Permit)

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed DEC 27 1943 19
(Registrar)


RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the person had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of bonie housework, write house-work. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as house-keeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital	 STANDARD CERTIFICATE OF DEATH		Registered No. 272	
2	FULL NAME Annie Richmond Barss (If deceased is a married, widowed or divorced woman, give also maiden name.)			{ (If death occurred in a hospital or institution, give its NAME instead of street and number) { (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 87 Bartlett Road, Winthrop St. (Usual place of abode)				(If nonresident, give city or town and state)	
Length of stay: In hospital or institution. (Specify whether)		years	months 8	days.	In this community 34 yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single	18 DATE OF DEATH. December 22 1943 (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)			19 I HEREBY CERTIFY. That I attended deceased from Dec 15, 1943, to Dec 21, 1943 I last saw her alive on Dec 21, 1943 death is said to have occurred on the date stated above, at 3:30 P. M. Immediate cause of death. Chronic interstitial Nephritis		
(or) WIFE of _____ (Husband's name in full)			Duration IMPORTANT 6 mos		
6 Age of husband or wife if alive _____ years			Due to Chronic hypertension 59 years		
7 IF STILLBORN, enter that fact here.			Due to _____		
8 AGE 62 Years 7 Months 22 Days If less than 1 day Hours Minutes			Other conditions _____ (Include pregnancy within 3 months of death)		
Usual 9 Occupation: Stenographer			Major findings: _____ Of operations _____ Date of _____		
10 Industry or Business: Wholesale Enamel Ware			Of autopsy _____ What test confirmed diagnosis? Clinical Signs		
11 Social Security No. 022-05-4436			20 Was disease or injury in any way related to occupation of deceased? No -		
12 BIRTHPLACE (City) (State or country) Malden Mass.			If so, specify _____ (Signed) _____ M. D. (Address) Winthrop, Mass. Date Dec 22, 1943		
PARENTS	13 NAME OF FATHER James Richmond Barss		21 Mt. Auburn Cemetery Cambridge Place of Burial, Cremation or Removal. (City or Town)		
	14 BIRTHPLACE OF FATHER (City) (State or country) Bermuda		DATE OF BURIAL December 24, 1943		
	15 MAIDEN NAME OF MOTHER Annie Geldert		22 NAME OF FUNERAL DIRECTOR Chas. R. Bennison ADDRESS Winthrop, Mass.		
	16 BIRTHPLACE OF MOTHER (City) (State or country) Windsor Nova Scotia		Received and filed. DEC 27 1943 19 _____ (Registrar)		
17	Informant Mrs. Marion Nutting (Sister) (Address) So. Berwick Maine				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Matth. Officer 12/23/43 (Official Designation) (Date of Issue of Permit)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

1 PLACE OF DEATH

No.

Suffolk
Winthrop
45 Sunnyside Ave

ST. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 273

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No.

(Usual place of abode)

St.

(If nonresident, give city of town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community 20 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

(Give maiden name of wife in full)

(husband's name in full)

6 Age of husband or wife if alive

46

years

7 IF STILLBORN, enter that fact here.

8 AGE

33

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

13 NAME OF

FATHER

14 BIRTHPLACE OF

FATHER (City)

(State or country)

15 MAIDEN NAME

OF MOTHER

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

17 Informant

(Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city of town and State)

In this community 20 yrs. mos. days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 22

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

October 27, 1943, to December 22, 1943

I last saw him alive on December 22, 1943 death is said to

have occurred on the date stated above, at 2 P. m.

Duration

Immediate cause of death

Carcinoma of stomach

IMPORTANT

1 year

Due to

General Carcinomatosis

3 mos

Other conditions

none

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of stomach

Physician

Date Jan 10/43

Of autopsy

none

What test confirmed diagnosis

clinical & pathological

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Paul Abraham M.D.

Address 562 Hurley St. Date 12-23-43

21 Place of Burial, Cremation or Removal (City, Town)

DATE OF BURIAL DEC 24 1943

22 NAME OF FUNERAL DIRECTOR John J. Mahoney

ADDRESS Winthrop

Received and filed

DEC 27 1943

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 { PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 274

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME Stillborn Baby Akell (Boy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 181 Paris
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single	18 DATE OF DEATH December 23 1943 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... death is said to have occurred on the date stated above, at 6:53 p.m. Immediate cause of death Slit throat Due to Spina Bifida Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy What test confirmed diagnosis?
6 Age of husband or wife if alive years	7 IF STILLBORN, enter that fact here. stillborn	8 AGE Years Months Days If less than 1 day Hours Minutes	Duration IMPORTANT
9 Occupation:	10 Industry or Business:	11 Social Security No.	Physician Underline the cause to which death should be charged statistically.
12 BIRTHPLACE (City) (State or country) Winthrop			20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) S. S. B. M. D. (Address) Dec. 23 1943
13 NAME OF FATHER Harold Akell			21 St. Michael Boston Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Dec. 27 1943
14 BIRTHPLACE OF FATHER (City) (State or country) Boston			22 NAME OF FUNERAL DIRECTOR ADDRESS 9 Chelsea St. East Boston
15 MAIDEN NAME OF MOTHER Anna Macchione			Received and filed JAN 4 1944 19
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy			(Registrar)
17 Informant Harold Akell (father) (Address) 181 Paris St. East Boston			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued: (Signature of Agent or Board of Health or other) Health Officer 12/29/43 (Official Designation) (Date of Issue of Permit)			



EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February nineteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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SPACE FOR ADDITIONAL INFORMATION

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **275**

1 PLACE OF DEATH **Suffolk**
(County)
Winthrop
(City or town)
No. **Winthrop Community Hospital**
(Cooper) St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Eliza Burns**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. **11 Pauline St. Winthrop** St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In hospital or institution **Hospital** years months **4** days. In this community **9** yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN—IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or **DIVORCED** **Widow**

5a If married, widowed, or divorced
HUSBAND of **Fred W Burns** (Give maiden name of wife in full)
(or) WIFE of **Fred W Burns** (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **86** Years Months **25** Days If less than 1 day
Hours Minutes

9 Occupation: Usual **Housework**
Industry **At Home**
10 or Business:

11 Social Security No. **None**

12 BIRTHPLACE (City) **Philadelphia**
(State or country) **Penn.**

13 NAME OF FATHER **William Cooper**

14 BIRTHPLACE OF FATHER (City) **Unable To Obtain**
(State or country) **Penn.**

15 MAIDEN NAME OF MOTHER **Ann. Ferguson**

16 BIRTHPLACE OF MOTHER (City) **Unable To Obtain**
(State or country) **Penn.**

17 Informant **Fred W Burns Son** (Relation, if any)
(Address) **11 Pauline St Winthrop Mass.**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec - 24 - 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
**arterio sclerosis fractured Lt. Humerus
fractured Pelvis**

20 Accident, suicide, or homicide (specify) **accidental**
Date of occurrence **Dec - 20 - 1943**
Where did Injury occur? **Winthrop**
(City or town and State)
Did Injury occur in or about home, on farm, in industrial place, or in public
place? **Home**
(Specify type of place)
Manner of Injury **fell accidentally at his home**
Nature of Injury **on Dec - 20 - 1943**
While at work? Was there an autopsy? **no**

21 Was disease or injury in any way related to occupation of deceased?
If so, specify **Wm. J. Buckley** M. D.
(Signed) (Address) **11 Pauline St. Winthrop Mass.**

22 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL **December 29** **1943**

23 NAME OF FUNERAL DIRECTOR **Howard S Reynolds**
ADDRESS **Winthrop Mass.**

Received and filed **Dec 27 1943** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....
.....
.....
.....
.....
.....
.....
.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 276

PLACE OF DEATH

Suffolk
(County)

Winthrop Mass
(City or Town)

No. 620 Shirley St Winthrop Mass

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Edward, Edmund Paro

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

51 Ingleside ave Winthrop St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Before death)

(Specify whether)

years 2 months 2 days.

In this community 30 yrs. X mos. X days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND or Widowed (Perkins) Paro

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

48 years

7 IF STILLBORN, enter that fact here.

8 AGE

62 Years 3 Months 18 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Passenger Trainman

Industry

10 or Business:

N.Y. N.H. & H. R.R.

11 Social Security No.

506-93-0158-

12 BIRTHPLACE (City)

Greenville
Maine

13 NAME OF

FATHER

Charles. Paro

14 BIRTHPLACE OF

FATHER (City)

unable to obtain

(State or country)

15 MAIDEN NAME

OF MOTHER

"

16 BIRTHPLACE OF

MOTHER (City)

"

(State or country)

17

Informant

Edward R. Paro

Relation, if any

(Address)

63 Waldemar ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. C. DeLoe

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)



18 DATE OF

DEATH

Dec.

(Month)

24

(Day)

1943

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1926 to Dec. 18, 1942

I last saw him alive on Dec. 18, 1942, death is said to

have occurred on the date stated above, at 3 A. m.

Immediate cause of death

Cerebral Hemorrhage

Pulmonary Edema

Due to

Hypertension

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Phys. Exam.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Samuel B. Holders

(Signed)

(Address) 270 Shirley St.

Date

12/21/1942

21

Place of Burial, Cremation or Removal

Winthrop Cemetery

(City or Town)

DATE OF BURIAL

Dec 20

1943

22 NAME OF

FUNERAL DIRECTOR

Charles R. Bernier

ADDRESS

Winthrop Mass

Received and filed

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 277

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 7 Laurel Path, Winthrop

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME William H. Pitzold
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a Spanish
U. S. War Veteran, Amer.
if so specify WAR)

(a) Residence, No. 7 Laurel Path, Winthrop
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 6 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M. 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

18 DATE OF DEATH December 24, 1943
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Lena Benner
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
19....., to....., 19.....

I last saw him..... alive on....., 19....., death is said to
have occurred on the date stated above, at 11:50 P.M.

6 Age of husband or wife if alive 63 years

Immediate cause of death..... Duration
IMPORTANT

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day
Hours Minutes

Due to (Crown Injury)
(Injury)
(Gunshot)

9 Occupation: Motorman

10 Industry or Business: Retired

11 Social Security No. None

12 BIRTHPLACE (City) Gloucester, Mass.
(State or country)

Other conditions..... Physician
(Include pregnancy within 3 months of death) IMPORTANT

PARENTS

13 NAME OF FATHER John Pitzold

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Catherine French

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

Major findings:
Of operations.....
Data of.....
Of autopsy.....
What test confirmed diagnosis?.....

17 Informant Mrs. Lena Pitzold (Relation, if any)
(Address) 7 Laurel Path, Winthrop

20 Was disease or injury in any way related to occupation of deceased?
If so, specify..... M. D.
(Signed) J. W. Shaffer Date 12/27/43
(Address) 54 Roxbury Street, Rox.

21 Place of Burial, Cremation or Removal Holy Cross Malden
(City or Town)
DATE OF BURIAL December 28, 1943

22 NAME OF FUNERAL DIRECTOR R. E. Murphy
ADDRESS 54 Roxbury Street, Rox.

Received and filed DEC 27 1943

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 12/27/43

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

Registered No.

1 PLACE OF DEATH
Sutton (County)
Winthrop (City or Town)
No. 47 Center St.



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth M. Kirby (Cahalane)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(e) Residence, No. 47 Center St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 19 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced
HUSBAND of

(or) WIFE of John E. Kirby
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days | If less than 1 day
Hours Minutes

9 Occupation: housewife

Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Michael Cahalane

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Bridget Dwyer

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Agnes Leary (daughter)
(Address) 47 Center St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/27/43
(Date of issue of permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 25, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec. 15, 1943, to Dec. 25, 1943

I last saw him alive on Dec. 25, 1943, death is said to
have occurred on the date stated above, at 7:05 P.M.

Immediate cause of death

Acute Pulmonary edema

Duration

IMPORTANT

Due to Chronic Hypertension

6 months

Due to Chronic Hypertension

6 months

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician

Underline
the cause to
which death
should be
charged sta-
tistically

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. H. Schwartz

(Address) 19 Plover St. B. Date 12/25, 1943

21 St. Pauls (City or Town)
Place of Burial, Cremation or Removal

DATE OF BURIAL Dec 28, 1943

22 NAME OF FUNERAL DIRECTOR Murray M. Murray

ADDRESS 254 Beach St. Revere

Received and filed 19

DEC 27 1943

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. If the same occupation has been followed by every person aged 10 years or over, the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH
 S. W. Mc
 (County)
 Wintthrop
 (City or Town)
 No. en route to Wintthrop Community Hospital



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 279

2 FULL NAME Benjamin J. Davies
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. Shore Drive Wintthrop St.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or Institution years months days. In this community 15 yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN—IMPORTANT

(Was deceased a
 U. S. War Veteran, no
 If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
 4 COLOR OR RACE White
 5 SINGLE (write the word) single
 MARRIED
 WIDOWED
 or DIVORCED

18 DATE OF DEATH December 25 - 1943
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of
 (Give maiden name of wife in full)
 (or) WIFE of
 (Husband's name in full)

19 I HEREBY CERTIFY that I have investigated the death
 of the person above-named and that the CAUSE AND MANNER thereof
 are as follows: (If an injury was involved, state fully.)
 acute cardiac failure
 chronic myocarditis

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day
 Hours Minutes

20 Accident, suicide, or homicide (specify)
 Date of occurrence 19
 Where did
 Injury occur? (City or town and State)

9 Occupation: Civil Engineer

Did Injury occur in or about home, on farm, in industrial place, or in public
 place? (Specify type of place)

10 Industry or Business: retired

11 Social Security No. C. N. B. L.

Manner of Injury collapsed on a bus in Wintthrop
 Nature of Injury rbp
 While at work? Was there an autopsy? no

12 BIRTHPLACE (City) England
 (State or country)

13 NAME OF FATHER John Davies

14 BIRTHPLACE OF FATHER (City) England
 (State or country)

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) England
 (State or country)

21 Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. M. Frickley M. D.
 (Address) Boston Dec 26 - 1943

22 Wintthrop Cemetery Wintthrop
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL Dec 29, 1943 19

17 Informant Mrs Mary Nelson (Relation, if any) niece
 (Address) 24 River Road

23 NAME OF FUNERAL DIRECTOR Maurice Kirby
 ADDRESS Wintthrop or Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other
 (Official Designation) Health Officer
 (Date of Issue of Permit) 12/28/43

Received and filed JAN 2 1944 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 230

1 PLACE OF DEATH
Suffolk
(County)
Wentworth
(City or Town)
No. 37 Peble Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Bernard Francis Farsell
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 37 Peble Ave Wentworth - St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED married
WIDOWED
or DIVORCED

5a If married, widowed or divorced, give name of
HUSBAND of Mary Eastman
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years..... Months..... Days If less than 1 day
Hours..... Minutes

9 Usual Occupation: Printer
Industry Newspaper
10 or Business:

11 Social Security No. 01-05-4179

12 BIRTHPLACE (City) England
(State or country)

PARENTS 13 NAME OF FATHER Thomas Farrell

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Mary Scanlon

16 BIRTHPLACE OF MOTHER (City) England
(State or country)17 Informant Mrs. Mary Farrell Relation, if an
(Address) 37 Peble Ave Wentworth (Wife)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. P. Chulavsky
Health Officer
(Signature of Agent of Board of Health or other)
Official Designation
(Date of Issue of Permit) 12/28/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December - 27 - 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE and MANNER thereof
are as follows: (If an injury was involved, state fully.)

Acute Cardiac Failure
Recent Cardiac Infarction
Coronary Thrombosis

20 Accident, suicide, or homicide (specify).....

Date of occurrence..... 19

Where did Injury occur?.....
(City or town and State)Did Injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)

Manner of Injury Collapsed & died quickly

Nature of Injury

While at work?..... Was there an autopsy?..... no

21 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
(Signed) Wm. J. Strickley M.D.

(Address) Boston Dec 13-1943

22 Henshaw Cemetery Henshaw
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec 30 1943

23 NAME OF FUNERAL DIRECTOR Maurice Kelly

ADDRESS 210 Henshaw St Henshaw

Received and filed JAN 4 1944 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH
1Suffolk
(County)
Wintthrop
(City or Town)

No. Wintthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 281

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

281

2 FULL NAME Annie Pestell
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence, No. 73 Crystal Cove Ave Wintthrop
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 35 mos. days.
(Before death) (Specify whether)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 9 Months 19 Days If less than 1 day
Hours MinutesUsual
9 Occupation: At Home

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) England

13 NAME OF FATHER Alfred Pestell

14 BIRTHPLACE OF FATHER (City)
(State or country) England

15 MAIDEN NAME OF MOTHER Sarah Oddy

16 BIRTHPLACE OF MOTHER (City)
(State or country) England17 Informant Mrs. Gene Smith Sister any
(Address) 73 Crystal Cove Ave, WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/28/1943
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December - 27 - 1943
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully)
Multiple Flame Burns of Body & of
Extremities: Shock20 Accident, suicide, or homicide (specify)
Date of occurrence Dec - 26 - 1943Where did
Injury occur? Rerece
(City or town and State)Did Injury occur in or about home, on farm, in industrial place, or in public
place? Beach
(Specify type of place)Manner of Injury Said to have ignited her clothing
Nature of Injury on a beach at Rerece Dec-26-1943
While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Ann. L. Lickly M.D.
(Signed) (Address) Boston Date 28-194322 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 30, 1943

23 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Wintthrop St., Wintthrop

Received and filed JAN - 1944

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39, No. 8427-e

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 160 Somerset Ave.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 282

2 FULL NAME Mary A. Cusick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 160 Somerset Ave.
(Usual place of abode) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
(If U. S. War Veteran, specify WAR)

Length of stay: In hospital or institution..... years months days. In this community 40 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Real Estate Agent

10 Industry or Business: Real Estate

11 Social Security No. None

12 BIRTHPLACE (City) St. John
(State or country) N.B.

13 NAME OF FATHER Michael Cusick

14 BIRTHPLACE OF FATHER (City) St. John
(State or country) N.B.

15 MAIDEN NAME OF MOTHER Mary O'Brien

16 BIRTHPLACE OF MOTHER (City) St. John
(State or country) N.B.

17 Informant Mrs. Jenkins (Address) 160 Somerset Ave. (Relation, if any) (Sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other Health Officer)
12/31/43
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 29, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct 28, 1943 to Dec 29, 1943
I last saw him alive on Dec 29, 1943 Death is said to have occurred on the date stated above, at 6 P.M.

Immediate cause of death Chronic myocarditis with left ventricular failure

Due to pneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. W. Dickinson M. D.

(Address) 100 North Main St. Dec 30, 1943

21 Winthrop Cemetery (City or Town)

DATE OF BURIAL Dec. 31, 1943

22 NAME OF FUNERAL DIRECTOR Kirby Bros.

ADDRESS 210 Winthrop St.

Received and filed 12/31/43

(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100M-6-2-4-2-8B55

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 614 Shirley St.



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 283

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jemima Wright Keller
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 614 Shirley St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community 32 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Charles Lewis Keller (Give maiden name of wife in full)
(or) WIFE of Charles Lewis Keller (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 6 Months 9 Days | If less than 1 day
Hours Minutes

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No.

12 BIRTHPLACE (City) Charlestown
(State or country) Mass.

13 NAME OF FATHER Lewis Wright

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Annie Burry

16 BIRTHPLACE OF MOTHER (City) Greenfield
(State or country) Mass.

17 Informant Charles L. Keller Relation, if any (Husband)
(Address) 614 Shirley St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/31/43 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 29, 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from on Dec. 29, 1943 to , 19

I last saw him alive on , 19 , death is said to have occurred on the date stated above, at 2-30 p.m.

Immediate cause of death Duration

Exposed on my arrival IMPORTANT

Due to Coronary Thrombosis? 20 min.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations IMPORTANT
Physician

Of autopsies Date of
What test confirmed diagnosis? Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? N.O.
If so, specify

(Signed) Edward J. Frangere M. D.
(Address) 200 Washington St. Date Dec. 30, 1943

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec. 31, 1943 19

22 NAME OF FUNERAL DIRECTOR Richard J. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

(3) Medicoal Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH

Puffolk
(County)
Winthrop Mass
(City or Town)
No. 7 Woodside Park Winthrop



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 284

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Eli Brewster Tasker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 7 Woodside Park Winthrop
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 36 yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed or divorced HUSBAND of Elsie Kalking Richardson
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 28 years

7 IF STILLBORN, enter that fact here.

8 AGE 93 Years 2 Months 14 Days | If less than 1 day
Hours _____ Minutes _____

9 Usual Occupation: Retired

10 Industry or Business: Salesman, Men's Furnishings

11 Social Security No. none

12 BIRTHPLACE (City) Rochester
(State or country) New Hampshire

PARENTS

13 NAME OF FATHER Thomas J. Tasker

14 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country) " " "

15 MAIDEN NAME OF MOTHER Comfort Bickford

16 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country) " " "

17 Informant Mrs. Harriet Brewster, Relation, if any
(Address) 7 Woodside Park Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Giddings
(Signature of Agent of Board of Health or other)

Health Officer 12/19/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 29 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 28 1943, to Dec 29 1943

I last saw him alive on Dec 29 1943, death is said to

have occurred on the date stated above, at 12:15 A. M.

Immediate cause of death Pulmonary Edema

from Broken Compensation +

Due to Chronic Rheumatism

Chronic Hypertension Heart Dis

Due to Emphysema

Other conditions Malum Corae Senilis

(Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Cholesterol

20 Was disease or injury in any way related to occupation of deceased? 20

If so, specify (Signed) Arthur M. M. D.

(Address) 121 West 11th St. Date Dec 29 1943

21 Place of Burial, Cremation or Removal. Over Hill

DATE OF BURIAL Dec 31 1943

22 NAME OF FUNERAL DIRECTOR Chas. R. Bonisson

ADDRESS Winthrop Mass

Received and Filed JAN 2 1944

(Registrar)

IMPORTANT

IMPORTANT Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physioian or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for sail purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Certificate with permission of Medical Examiner.

PLACE OF DEATH

Suffolk (County) **Winthrop** (City or Town)

1 No. **Winthrop Community Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Baby Boy De Nietolis** { (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **219 Maverick St.** St. **East Boston** { (Was deceased a U. S. War Veteran, if so specify WAR)

(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community yrs. mos. days.

(Before death) (Specify whether)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registrar's No. **285**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** **4** COLOR OR RACE **White** **5** SINGLE (write the word) **MARRIED** **WIDOWED** **or DIVORCED** **Single**

5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here **Stillborn** ☒

8 AGE _____ Years _____ Months _____ Days | If less than 1 day _____ Hours _____ Minutes

9 Occupation: _____

10 Industry _____

11 Social Security No. _____

12 BIRTHPLACE (City) _____ (State or country) **Winthrop**

13 NAME OF FATHER **Emilio De Nietolis**

14 BIRTHPLACE OF FATHER (City) _____ (State or country) **East Boston**

15 MAIDEN NAME OF MOTHER **Edith Lazzari**

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) **Boston**

17 Informant **Emilio De Nietolis** (Relationship if any) **Father**
(Address) **219 Maverick St. East Boston**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Dec. 30, 1943**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **Dec. 30, 1943**, to _____, 19____.

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at **12:30 A.M.**

Immediate cause of death _____

Stillborn

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) **P. Calabrese** M. D. **12/31/43**
(Address) **388 Marlborough St. Boston**

21 Place of Burial, Cremation or Removal **St. Michael** (City or Town) **Boston**
DATE OF BURIAL **Jan. 4, 1944**

22 NAME OF FUNERAL DIRECTOR **Joseph D. Marino**
ADDRESS **9 Chelsea Street East Boston**

Received and filed _____ 19____

(Registrar)

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
1/3/44 (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD

(City or town making return)

1 PLACE OF DEATH
(County)
(City or town)
No.

2 FULL NAME.....

(a) Residence.
(Usual place of abode)
Length of stay: In hospital

PERSONAL

3 SEX 4 COLOR

5a If married, widowed, or
HUSBAND of

(or) WIFE of

6 Age of husband or wife

7 IF STILLBORN, enter that

8 AGE.....Years.....

Usual Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)
(State or country)

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE HEALTH DEPARTMENT
DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING

Bureau-Death

Institution

Bureau-Resid.

Area-Dis.

Occupation

Natlv. Dec.

Citiz. Dec.

Natlv. Mother

Cause 1

Cause 2

Operation

Type Acid.

O. T. Acid.

Am. Autop.

Com.

BUREAU OF VITAL RECORDS
DEPARTMENT OF HEALTH
BOSTON

Certificate of Death

Certificate No. 10640

943 OCT 27 PM 1 55

1 NAME OF DECEASED

Frank

William

NAY

None

(Print or Type)

First Name

Middle Name

Last Name

Social Security Number

PERSONAL PARTICULARS
(To be filled in by the Registrar)

2 USUAL RESIDENCE:

State Massachusetts

(a) City, Town or Village

Winthrop

(b) No. 556 Shirley Street

(c) If in Rural area, give location

non-resident

(d) Length of time in State or City of New York

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

4 HUSBAND (Name)

Mae Nay

5 DATE OF BIRTH OF DECEDENT

Month (Day) (Year)

March 27 1875

6 AGE

68

6

29

days

hrs.

min.

7 OCCUPATION

A

Trade, occupation, or particular business

spinster, sawyer, bookkeeper, etc.

Clerk

B

Trade, occupation, or particular business

which it has done in silk mill, sawmill, bank, own business, etc.

Dairy Products Distributing Co.

8 BIRTHPLACE OF DECEDENT: (a) State or Country

Massachusetts

(b) City, Town or Village

Cambridge

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH

United States

10 WAS DECEDENT A VETERAN? IF SO, NAME WAR

Spanish American War

11 NAME OF FATHER OF DECEDENT

Frank Nay

12 BIRTHPLACE OF FATHER

Massachusetts

13 MAIDEN NAME OF MOTHER OF DECEDENT

Ella Otis

14 BIRTHPLACE OF MOTHER

Massachusetts

15 SIGNATURE OF INFORMANT

Information

Relationship to Decedent

Address

obtained from records of deceased.

22 PLACE OF BURIAL OR CREMATION

Roston, Mass.

23 FUNERAL DIRECTOR

Address

DATE OF BURIAL OR CREMATION

10-27-1943

Permit Number

1040

BUREAU OF VITAL RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

16 PLACE OF DEATH:

(a) NEW YORK CITY. (b) Borough

The Bronx

(c) Name of Hospital or Institution

Veterans Administration

(d) Length of stay at place of death

9-2-43 to 10-26-43

17 DATE AND HOUR OF DEATH

(Month) (Day) (Year) (Hour) (Minute)

October 26 1943 6:50 P

18 SEX

Male

19 COLOR OF RACE

White

20 Approximate Age

68 years

21 I HEREBY CERTIFY that (a) a staff physician of this institution attended the deceased

from September 2 1943 to October 26 1943

and last saw him alive at 6:50 P on October 26 1943

Statement of cause of death is based on (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

17 Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was

Filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

21

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL

22

NAME OF FUNERAL DIRECTOR

ADDRESS

Received and Filed

FEB 5 1944

A TRUE COPY ATTEST:

(Registrar)

19

19

19

19

19

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall he accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as, *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

This record of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 40, Sec. 12, G. L.)

60m (e) 1-41-4607

1 PLACE OF DEATH

 (SUFFOLK
COUNTY)
BOSTON

(City or Town)

No. Hotel Statler

 St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 11525

2 FULL NAME Hjalmar Johnsen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

 { (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 103 Bay View Ave. St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years 6 months days. In this community yrs. mos. days.

(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

 5a If married, widowed, or divorced HUSBAND of Annie Neilson
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years 2 Months 15 Days If less than 1 day Hours Minutes

 Usual
9 Occupation: Steel Engraver

10 Industry or Business:

11 Social Security No. ---

 12 BIRTHPLACE (City)
(State or country) Norway

 13 NAME OF
FATHER ---

 14 BIRTHPLACE OF
FATHER (City)
(State or country) Norway

 15 MAIDEN NAME
OF MOTHER ---

 16 BIRTHPLACE OF
MOTHER (City)
(State or country) Denmark

 17 Informant H. J. Lovett Relation, if any (son-in-law)
(Address)

A TRUE COPY.

 ATTEST: Francis J. [Signature]
(Registrar of city or town where death occurred)

DATE FILED Dec. 21/43 19

MEDICAL CERTIFICATE OF DEATH

 18 DATE OF DEATH December 16 1943
(Month) (Day) (Year)

 19 I HEREBY CERTIFY, That I attended deceased from Dec. 6/43, 19 to Dec. 7/43, 19
I last saw him alive on Dec. 7/43, 19, death is said to have occurred on the date stated above, at ? Found Dead Duration

 Immediate cause of death:
Acute endocarditis and
myocarditis
Due to Over exertion - weather

Due to Pityrinsis Rosae

 Other conditions.
(Include pregnancy within 3 months of death)

 Major findings: none
Of operations

 Date of none
Of autopsy none
What test confirmed diagnosis?

 20 Was disease or injury in any way related to occupation of deceased?
If so, specify W. H. Grant

 (Signed) W. H. Grant Date 12/16 19 43
(Address) Boston, Mass.

 21 PLACE OF BURIAL Winthrop Cem - Winthrop, Mass.
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Dec. 20/43 19

 22 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons
ADDRESS Boston, Mass.

Received and filed JAN 11 1944 19

(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 40, Sec. 12, G. L.)

25m (b)-1-41-4667

288

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 11770

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON



(City or Town)

Boston City Hospital

No. _____

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine M. Burroughs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. _____
(Usual place of abode)

51 Somerset Ave.

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community _____ yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of William Burroughs (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years _____ Months _____ Days | If less than 1 day _____ Hours _____ Minutes

9 Usual Occupation: At home

10 Industry or Business: ---

11 Social Security No. ---

12 BIRTHPLACE (City) (State or country) East Boston, Mass.

13 NAME OF FATHER William Dearing

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Anna DeLacy

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant B. Griffin (Address) (Relation, if any) (daughter)

A TRUE COPY.

ATTEST: Francis J. Gay (Registrar of city or town where death occurred)

DATE FILED Dec. 27/43

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 24 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE and MANNER thereof are as follows: (If an injury was involved, state fully.)

Subdural hematoma

20 Accident, suicide, or homicide (specify) accident
Date of occurrence Nov. 3/43 19

Where did Injury occur? Boston
(City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? At home
(Specify type of place)

Manner of Injury Fell down stairs

Nature of Injury Head injury

While at work? Was there an autopsy? no

21 Was disease or Injury in any way related to occupation of deceased? no

If so, specify A. R. Moritz, M. D.
(Signed) (Address) 25 Shattuck St. Date 12/29/43

22 Winthrop Cem - Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 27/43 19

23 NAME OF FUNERAL DIRECTOR M. Kirby
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

SUFFOLK

(County)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

289

COPY OF
CERTIFICATE OF DEATH

Registered No. 11799

PLACE OF DEATH

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Jacob Loew

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No.

14 Wave Way Ave.

St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

years 1

months

days

In this community

yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Gertrude Leibler

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

38

years

7 IF STILLBORN, enter that fact here.

8

AGE

37

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Motion Pictures Operator

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Rumania

13 NAME OF

FATHER

Harry Loew

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Rumania

15 MAIDEN NAME

OF MOTHER

Sarah Dynes

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Rumania

17

Informant

E. M. Loew

(Address)

Relation, if any

(Brother)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Dec. 28 19 43

18 DATE OF

DEATH

Dec.

24

1943

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 10/43, 19

Dec. 24/43, 19

I last saw him alive on

Dec. 24, 1943

have occurred on the date stated above, at 10.10 P.m.

Duration

Immediate cause of death. Acute pulmonary

edema and pneumonia, with

peritonitis

7 days

Due to

Perforated duodenal stump

Due to

post-gastrectomy

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Bleeding peptic ulcers

Of operations

Date of 12/10/43

Of autopsy Perforated duodenal stump

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) B. Moorstein

(Address) B. I. Hosp

Date 12/24 19 43

21 PLACE OF BURIAL, Adath-Jeshurun-Boston, Mass.

CREMATION OR REMOVAL

(Cemetery)

(City or Town)

DATE OF BURIAL

Dec. 26/43

19

22 NAME OF

FUNERAL DIRECTOR

H. Levine

ADDRESS

Boston, Mass.

Received and filed

JAN 11 1944

19

(Registrar of City or Town where deceased resided)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

290

Registered No.

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma F. Coates (Jones)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 143 Pleasant

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

years 1 months 8 days.

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED marr.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edward A. Coates

(Husband's name in full)

6 Age of husband or wife if alive cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: at homeIndustry
10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Townsend
(State or country) Mass.13 NAME OF
FATHER Francis Jones14 BIRTHPLACE OF
FATHER (City) Townsend
(State or country) Mass.15 MAIDEN NAME
OF MOTHER Eliza Frederick16 BIRTHPLACE OF
MOTHER (City)
(State or country) cannot be learned17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Jan. 4 19 44

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHDec. 25
(Month) (Day)1943
(Year)19 I HEREBY CERTIFY, That I attended deceased from
Nov. 17, 1943, to Dec. 25, 1943

I last saw her alive on Dec. 25, 1943, death is said to

have occurred on the date stated above, at 8:35 p.m.

Duration

Immediate cause of death

Chronic Myocarditis

5 yrs.

Generalized arteriosclerosis

5 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Physician

Major findings:
Of operationsUnderline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Pasquale Buoniconito, M. D.
(Address) Hathorne, Mass. Date 12/31/4321 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Cemetery, Cam-
bridge, Mass.

DATE OF BURIAL Dec. 27 1943

22 NAME OF
FUNERAL DIRECTOR Bennison Fun'l Home, Inc.
ADDRESS Winthrop, Mass.

Received and filed JAN 13 1944 19

(Registrar of City or Town where deceased resided)



SUFFOLK
BOSTON
(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. **11891**

1 PLACE OF DEATH

No. **St. Elizabeth's Hospital 351** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Alice Gillon** { (If U. S. War Veteran, specify WAR)

(a) Residence, No. **154 Lincoln St.** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months **11** days. In this community **30** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of **Thomas A. Gillon**
(Husband's name in full)

6 Age of husband or wife if alive **66** years

7 IF STILLBORN, enter that fact here.

8 AGE **66** Years.....Months.....Days | If less than 1 day
Hours.....Minutes

9 Occupation: **Housework Housewife**

10 Industry or Business: **own home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Gloucester, Mass.**
(State or country)

13 NAME OF **Nicholas**
FATHER **Joseph Warren**

14 BIRTHPLACE OF **Halifax, N.S.**
FATHER (City) **Nova Scotia**
(State or country)

15 MAIDEN NAME **Kinnery**
OF MOTHER **Bridget Kinnery**

16 BIRTHPLACE OF **Ireland**
MOTHER (City)
(State or country)

17 Informant **Thomas A. Gillon** Relation, if any
(Address) **154 Lincoln St. Winthrop** (husband)

A TRUE COPY.

ATTEST: **Francis**
(Registrar of city or town where death occurred)

DATE FILED **Dec. 30/43** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF **Dec.** **28** **1943**
DEATH (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec. 17/43, 19 to **Dec. 28/43**, 19
I last saw her alive on **Dec. 28/43**, 19, death is said to
have occurred on the date stated above, at **5.05** m. Duration

Immediate cause of death
Arteriosclerotic heart disease

Due to **Heart and kidney disease** 11 days

Due to **Uremia**

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings:
Of operations..... Date of..... Underline
the cause to
which death
should be
charged statistically.

Of autopsy.....

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify.....

(Signed) **J. T. O'Connell** M.D.

(Address) **St. Eliz. Hosp.** Date **12/28** 19 **43**

21 PLACE OF BURIAL, **Winthrop Cem - Winthrop Mass**
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL **Dec. 30/43** 19

22 NAME OF **J. F. O'Malley**
FUNERAL DIRECTOR **Winthrop Mass**
ADDRESS

Received and filed **19**

(Registrar of City or Town where deceased resided)

Correct copy from Boston - see duplicate to file



Copies of returns of deaths recorded during the previous month which occurred in your city or town in cases the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON
(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 12096

292

PLACE OF DEATH

(SUFFOLK
COUNTY)
BOSTON



(City or Town)

No. The Children's Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pauline Vincent
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 472 Winthrop St. Winthrop, Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 5 1/2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 6 Years 6 Months Days If less than 1 day Hours Minutes

Usual Occupation: Student

Industry or Business:

9 Social Security No.

12 BIRTHPLACE (City) East Boston, Mass.
(State or country)

13 NAME OF FATHER Simon Vincent

14 BIRTHPLACE OF FATHER (City) East Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Theresa Hoey

16 BIRTHPLACE OF MOTHER (City) East Boston, Mass.
(State or country)

17 Informant (Address) (Relation, if any) (Father)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Jan 3/44 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 29 1943
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 23/43 19 to Dec 29/43 19
I last saw her alive on Dec 29/43 19, death is said to have occurred on the date stated above, at 8.50 a.m. Duration

Immediate cause of death Glomerulonephritis 2 wks plus

Due to

Due to chicken pox 5 days

Other conditions Streptococcal sinusitis 2 wks Physician
(Include pregnancy within 3 months of death)

Major findings: Of operations Underline the cause to which death should be charged anatomically.

Date of

Of autopsy

What test confirmed diagnosis? clinical tests

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) T. Berenberg M. D.
(Address) Boston, Mass. Date 12/29 19 43

21 PLACE OF BURIAL Winthrop Cem - Winthrop, Mass
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Dec 31/43 19

22 NAME OF FUNERAL DIRECTOR F. J. McGrath
ADDRESS Boston, Mass.

Received and filed JAN 11 1944 19

(Registrar of City or Town where deceased resided)

